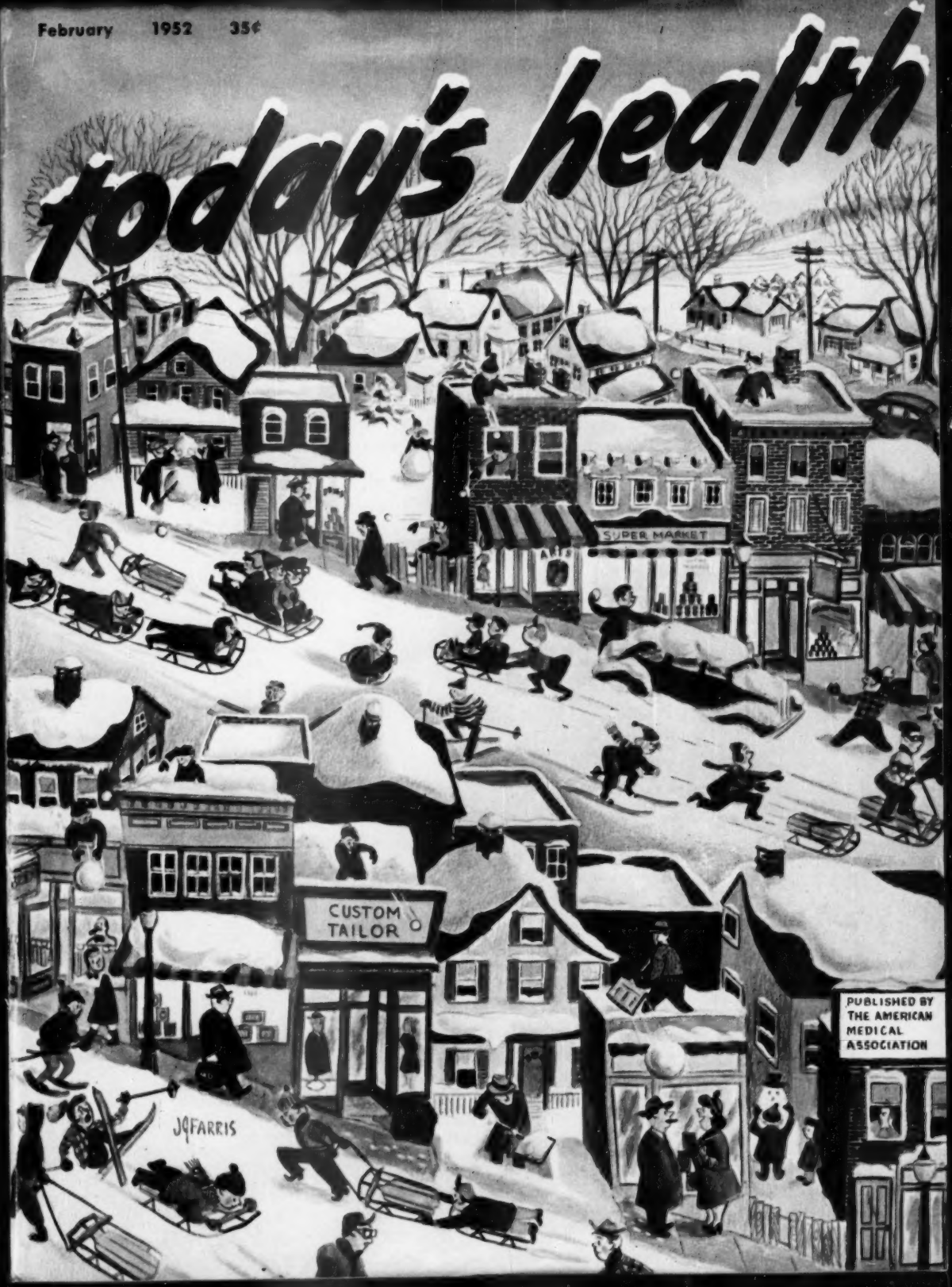
February 1952 35¢

today's health



Meat Helps Make Americans the World's Best Nourished People

Recent estimates of the U. S. Department of Agriculture show that the per capita consumption of meat in the United States approaches seven ounces per day. How effectively this average amount of meat in the daily diet contributes to making Americans the world's best nourished people is indicated by the following data. The figures give the average amounts of protein, iron, phosphorus, niacin, riboflavin, and thiamine provided by six-ounce servings of cooked meat (averages of the amounts furnished by six ounces each of cooked beef, lamb, pork, and veal)* and their percentages of the daily dietary allowances recommended by the National Research Council for a sedentary man (154 lb.).

	Amounts per 6 oz.† of Average Cooked Meat	Percentages of Recommended Daily Dietary Allowances
Protein (Biologically complete)	44 Gm.	63%
Iron	5.6 mg.	47%
Phosphorus	414 mg.	28%
Niacin	9.5 mg.	79%
Riboflavin	0.44 mg.	24%
Thiamine	0.50 mg.	42%

† 7 oz. of fresh meat, when cooked, weigh approximately 6 oz.

The important nutrients of meat, however, are not limited to those given above, for which the amounts needed for adequate nutrition have been established. Other nutrients provided by meat, but for which daily needs have not yet been established, include other members of the B complex—biotin, choline, folic acid, inositol, pantothenic acid, pyridoxine, and vitamin B_{12}—and many minerals essential in nutrition.

Every cut and kind of meat supplies these many nutrients for promoting health and efficiency in adults, and for health and good growth and development in children. Besides, meat is rapidly and almost completely digested, and its extractives stimulate the flow of gastric juice. Hence there is sound justification—nutritional, physiologic, and psychologic—for meat being a favorite food in the diet of the American people and in special diets prescribed by the physician.

---

*Watt, B.K., and Merrill, A.L.: Composition of Foods—Raw, Processed, Prepared, Agriculture Handbook No. 8, United States Department of Agriculture, Bureau of Human Nutrition and Home Economics, 1950.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

American Meat Institute

Main Office, Chicago...Members Throughout the United States

ESTABLISHED IN 1923 AS HYGEIA

today's health contents

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A PLATFORM FOR TODAY'S HEALTH

Clean air over our cities
Public health services for every county
Voluntary sickness and hospital insurance for all self-supporting people, and community aid for those in need
Clean, wholesome food and drink for everybody

Health education and health protection for every child in school
Physical education adapted to the age and capacities of every child
A family doctor for every family
A fight against fraud and quackery

TODAY'S HEALTH is dedicated to this platform, in harmony with the 12 point Health Program of the American Medical Association. These objectives are immediate focal points toward which the policy of TODAY'S HEALTH is specifically directed.

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Vitamins in Toasted Wheat

Question. Will cooking or toasting raw wheat germ reduce the vitamin value of the germ? Which is the better food, raw or toasted wheat germ? New York

Answer. Wheat germ is a good source of wheat protein, phosphorus, thiamine and vitamin E. The vitamins are affected by heat and are reduced when wheat germ is toasted. However, modern commercial methods of toasting permit high retention of the vitamins. Most wheat germ available on the market has been toasted to improve its palatability and keeping properties. Either raw or toasted wheat germ may be used to vary the diet if so desired, but wheat germ is not a way of life.

Electrified Teeth

Question. Friends have told me that it is unwise to have adjoining teeth filled with different metals because harmful electrical charges may be produced. I am to have some teeth filled in the near future, and the dentist told me he would use gold in some and amalgam in others. Do you think this will be all right? New York

Answer. Under certain conditions, electrogalvanism is created when teeth are filled with materials that are electrochemically dissimilar. This condition sometimes causes pain and discomfort, and sometimes only mild irritation.

Dentists are familiar with this possibility and take necessary precautions, but if you wish to reassure yourself, you might ask your dentist about the possibility of irritation when he fills your teeth.

Growing Spurs

Question. My mother has been told by her doctor, after he took an x-ray, that the reason for pain she has in her right heel is a "spur" growth on the heel bone. The doctor advised an operation, but my mother is hopeful that this can be avoided. Is there any other method? Is there any chance of the spur's becoming cancerous? Oregon

Answer. The growth of bony prominences on the back of the heel bone is a condition encountered fairly frequently. In the majority of cases, they never grow sufficiently to cause pain from pressure in the area, but when this does occur the only satisfactory treatment is surgical removal of the excess bone. There is nothing that can be taken internally or applied externally that will cause the bone to be absorbed. Such "spurs" have never been found to become cancerous.

Mold on Food

Question. What causes mold on food, and is it poisonous? Are molds on cheese, sausage and jelly dangerous to health? Illinois

Answer. Molds are groups of tiny plants so small that the individual structure can be seen only through a microscope. There are many varieties of molds, but all develop from spores, which are similar to the seeds of higher plants. Spores are hard to kill. They can withstand unfavorable conditions for long periods and then, when favorable conditions develop, grow and develop into molds. Such conditions are food, a temperature neither too hot nor too cold, moisture and usually oxygen.

Mold growth in most foods is not injurious, and in some instances it may even increase palatability of the food. For example, some cheeses are not considered ready to be eaten until extensive mold growth has taken place. Characteristic flavor and aroma of such cheeses are due to substances formed by the particular species of mold. Mold on top of jams, jellies or preserves is unsightly rather than harmful, and the same is true for molds on other food such as bread. A practical way to prevent mold growth on the cut end of homemade sausage is to dip it in melted fat. When this hardens it forms a sealing cover through which mold cannot penetrate.

Flowers in a Sick Room

Question. What do you think about keeping cut flowers or potted plants in a sick person's room at night. I have heard that they are injurious to the sick person because they absorb much of the fresh air in the room. Is this correct? Should flowers and plants be taken out at bedtime? Massachusetts

Answer. This question has been gone into extensively by research students, and it has been definitely established that no physiologic harm comes from leaving flowers or plants in a sick person's room over night. Growing plants do utilize some of the air, but the amount is negligible and would have no measurable effect upon the patient.

It is recognized, however, that removing flowers shortly before the patient goes to sleep has important psychologic aspects. Bringing flowers back to the room in the morning is refreshing and even stimulating to most patients. The attendant has an opportunity to remove dead or wilted blossoms and leaves, and so the patient will always be greeted by a bouquet that appears to have new freshness. It may also be possible to

Answers given here are limited to brief replies to specific questions. Full discussion is not intended. Questions involving diagnosis or treatment should be referred to the family physician. Dental inquiries are answered through the cooperation of the American Dental Association.

prolong the freshness of cut flowers by keeping them in a refrigerated or chilled compartment during the night. It can be said that removal of flowers and perhaps also plants, each evening and their return the next morning is desirable because of the salutary effect on the patient's morale.

Calories in Yogurt and Sour Cream

Question. Can you tell me whether yogurt has a high caloric value? What about sour cream?

New York

Answer. Yogurt has the same caloric value as the milk from which it is made. This is about 1050 calories per quart, since it is generally made from slightly concentrated whole milk.

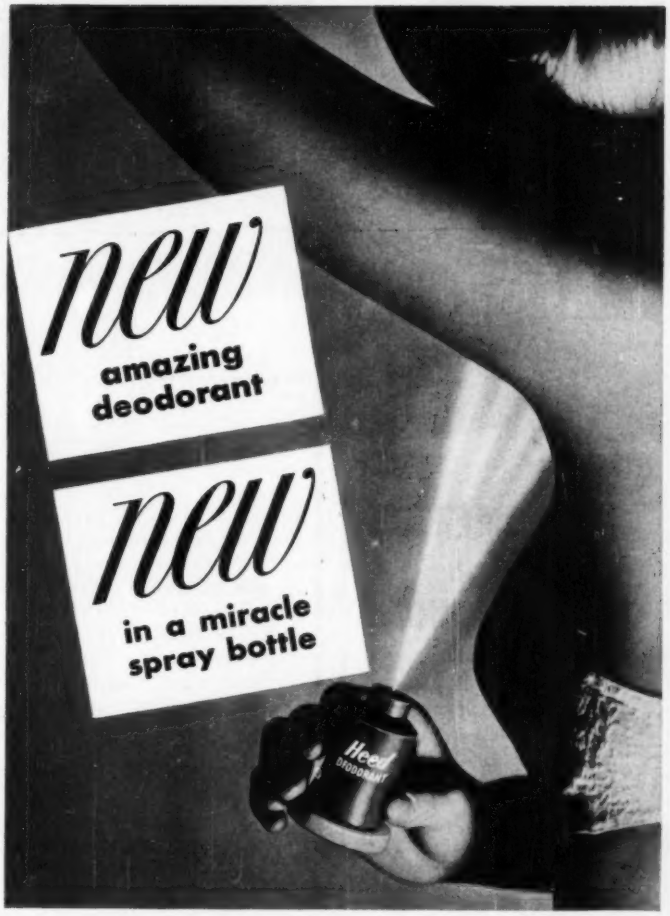
Sour cream has the same caloric value as fresh cream, which is 495 calories per cup for light cream (20 per cent fat), 680 calories per cup for medium cream (30 per cent fat) and 900 calories per cup for heavy cream (40 per cent fat).

Kidney Transplant

Question. What can you tell me about the result in the woman who received a kidney transplant? I have a cystic kidney and would like to know whether there is any chance of its being replaced.

Montana

Answer: A report on this case stated that the transplanted kidney, taken from a person who had just died, not only had not functioned but was reduced to a relatively small mass of flesh. The prospect is that ultimately it will all be absorbed. This confirms earlier experience with such transplants. The body almost invariably treats them as foreign substances. One notable exception is skin transplants.



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Coming in today's health

THE SINUS MYSTERY

By Paul de Kruif

Medical science is making real strides to help victims of the savage pains and discomfort of sinusitis. The mystery of this tricky and common disease, which afflicts about one in every 30 of us, is gradually being solved through the wise combination of long established techniques and the latest "wonder drugs." Early diagnosis and treatment, says one of America's leading medical writers, can prevent misery, perhaps save life.

REVOLUTION IN BABIES

By Marjorie F. Marks

Modern mothers have learned a lot lately about better ways to have babies and care for them. So much, in fact, that Mrs. Marks aptly calls it a "revolution in babies." You'll be interested in her discussion of the now widely accepted ideas of anesthetic-free birth, breast feeding, self demand feeding and the rooming-in plan which allows new mothers to live for a time in the hospital close to their babies.

SURGERY *INSIDE* THE HEART

By Marvin Rosenberg

A serious aftermath of rheumatic fever, which still strikes heavily in the United States, is the scar tissue left on the heart. Such tissue frequently impairs the heart function, causing premature disability and death. Until very recently, surgeons were not equipped to correct this condition. But now, thanks to new techniques and medication, they can safely probe the inner recesses of the heart and restore bed-ridden patients to healthy activity. This is the story of the ceaseless battle, only begun, for mastery of the inner heart.

To work refreshed

Busy hours take something out of you.

Have a Coke and you're back

on the job—refreshed!

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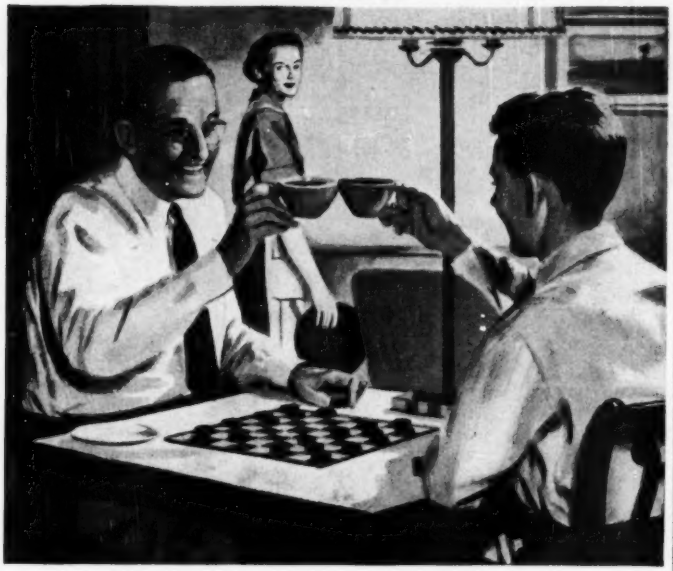


HERE'S TO YOUR HEALTH!

HERE'S TO THE HEALTH of the whole family! Here's INSTANT POSTUM! Its delicious grain-rich flavor—its rich aroma tells you POSTUM *belongs* wherever young and old get together.

Science tells you, too, that POSTUM is the fitting drink for the "fit" of *every* age. Perfectly safe for children, it cannot give "coffee nerves" to adults. No edginess, indigestion, or sleeplessness due to caffein can follow the enjoyment of POSTUM; it's *caffein-free*. Enjoy INSTANT POSTUM *often* . . . at every meal, in between . . . and at bedtime, too. POSTUM is made instantly—right in the cup.

Here are the scientific facts about caffein in coffee and tea! Caffein is a drug! It is a stimulant that acts on the brain and central nervous system. Also, in susceptible persons, caffein tends to produce harmful stomach acidity. So, while many people can drink coffee or tea without ill-effect, for others indigestion, nervous hypertension and sleepless nights result.*

**See "Caffein and Peptic Ulcer" by Drs. J. A. Roth, A. C. Ivy and A. J. Atkinson — A. M. A. Journal, November 25, 1944.*

DOCTORS AGREE: Never give a child coffee. Serve Postum-with-milk instead. Children really love it!

CONTAINS NO CAFFEIN — NO STIMULANTS OF ANY KIND!

Instant POSTUM

A PRODUCT OF GENERAL FOODS

RED FACE DEPARTMENT: Who was the home-spun philosopher who said that a certain amount of fleas are good for a dog—keep him from broodin' about bein' a dog? In modern psychologese, this crude truth would probably be expressed in terms of introversion and complexes and maybe fixations. But that would not change its deep significance and eternal verity, which I, as an editor, appreciate from experience.

Editors don't have fleas—at least not as occupational hazards, though I came away from the colorful and picturesque Friday market day at Toluca, Mexico, with some. No. Editors have errors to keep them wholesomely occupied.

A certain malignancy appears to exist about inanimate type which would often make one swear that the stuff was human; couldn't otherwise be that mean. Here in our own January issue we find, in William Bolton's piece about germs which fight back, a reference to their *legal* punch. The manuscript, of course, said *lethal*.

• • •

MISERY LOVES COMPANY DEPARTMENT: Here's a good one culled from the daily press, which makes us feel a trifle better:

Tax Hikes Will Be Effective Nov. 1

WASHINGTON, Oct. 2.—(U.P.)—House-Senate conferees announced Wednesday they had agreed to put higher personal income taxes into effect Nov. 1 but failed to decide on the amount of the increase.

The Senate had voted to put the increases into effect Sept. 1, while the House favored dating it back to Nov. 1. The conferees agreed withholding rates will go into effect, but still to be compromised are a Senate proposal calling for individual tax increases of 13½ and a Senate bill plan to increase individual taxes 11 per cent.

The hurricane packed winds of over 100 miles an hour [illegible]

HOME REMEDIES, circa 1804:

Did a bee sting you? Apply honey.

Sting of a nettle? Rub it with nettle juice.

Is somebody "in a Raging Fit? Beat onion into a pulp and apply them as a poultice to the back, or to the groin. It gives speedy ease in the most racking pain. Tried.

"Sunburn: wash the face with sage tea.

"A stitch in the side: apply treacle on a hot toast; Tried.

"To cure the tooth-ach:

"Be electrified through the teeth: Tried.

"Or, apply to the aching tooth an artificial magnet.

"Or, rub the cheek a quarter of an hour.

"Or, lay roasted parings of turnips, as hot as may be, behind the ear.

"Or, put a leaf of betony, bruised, up the nose.

"Or, lay bruised or boiled nettles to the cheek: Tried.

"Or, hold a slice of apple, slightly boiled, between the teeth: Tried.

"Or, dissolve a drachm of crude sal ammoniac in two drachms of lemon juice; wet cotton herein and apply.

"Or, keep the feet in warm water and rub them well with bran, just before bed-time: Tried."

Wonder what they'll think of this issue of *Today's Health*, after a century and a half?

• • •

FLEAS AGAIN: (The critters *are* hard to get rid of!) We have recently been forcibly reminded of the old unanswered query, What's in a name? When we changed the name of this magazine two years ago from *Hygeia* to *Today's Health*, we did it partly because so many people, including doctors, professors and others who should have known better, misspelled, mispronounced and otherwise mangled the classical title. So we named it in simple and understandable terms. Now we have two letters addressed respectively as follows:

Utopia, The Health Magazine

Today's Help

Thank you, thank you, thank you!

• • •

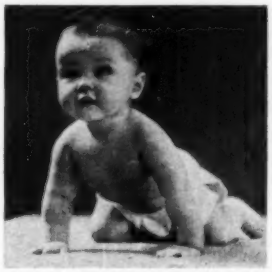
And maybe that's what keeps the Editor from being too permanently CORNERED.

W. W. Bauer, M.D.

why Baby needs a FIRM FLAT mattress

One month, A firm flat mattress makes it easier for baby to turn his head from side-to-side. He sleeps better . . . awakes refreshed.

Six months, Baby becomes active. Starts to roll about crib. Smooth, firmness makes moving about so much easier.



Nine months, Baby sits . . . tries to pull himself up. Needs firm, flat footing for his tiny feet.

Twelve months, Baby's a real gymnast . . . a firm, level mattress free of lumps and hollows helps him to romp and jump.

Bunny Bear builds FIRM FLAT mattresses

The Children's Bureau of the United States Government — the recognized top authority on Infant-Care takes a positive stand on firmness and flatness in baby's mattress. These findings are confirmed by representatives of the four leading medical associations — members of the Children's Bureau Advisory Pediatric Committee.

Bunny Bear's "LEVEL-LINE" support feature means firmness and flatness that ***never changes during the entire life*** of the mattress.

Shop and compare — ***feel*** the difference yourself. Ask your doctor — he'll tell you a firm, flat, mattress is best for Baby.

See the Bunny Bear "Nevawet", self-ventilating innerspring mattress at your dealer — reversible with the seasons. Bunny Bear mattress prices start at $10.95.

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The superior quality features in a Bunny Bear mattress are backed by an iron-clad bond certificate registered in your name — bonded by a leading insurance company.

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. . . 32 pages of cooking, baking, canning and freezing recipes which cut calories 23 to 89 percent by using SUCARYL. Ask your druggist for "Calorie Saving Recipes," or write Abbott Laboratories, North Chicago, Illinois.

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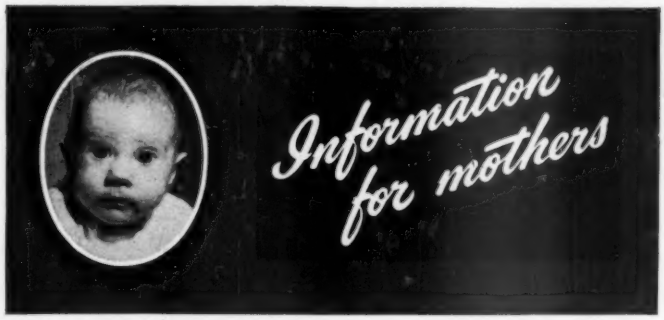

Caffeine in Candy

Question. Recently I read that a ten cent bar of sweet chocolate, which my children often eat, contains 78 milligrams of caffeine. Is this true? I didn't think candy had any caffeine in it. Would eating this candy be the same as drinking a cup of coffee? Is the caffeine in a cup of coffee reduced by adding sugar and cream? Ohio

Answer. An average ten cent bar of chocolate (100 grams) contains approximately 80 milligrams of caffeine and 200 milligrams of theobromine which is similar to caffeine. This amount probably would not be eaten more than once a day and is not considered harmful for children. A cup of coffee contains from 100 to 200 milligrams of caffeine. To the best of our knowledge the addition of sugar and milk to coffee does not affect the amount or availability of caffeine present.

Training for Sports

Question. Should there be any difference in muscular training for aquatic and land sports? My son's swimming coach avoids all intensive "dry" exercises because he claims it "tightens" the muscles. Michigan

Answer. Swimming coaches place great emphasis on relaxation. In fact, the ability to attain a completely relaxed style has been labeled by some of the most successful coaches as the key to good swimming. Consequently, there has been a feeling that although stretching exercises, especially during the early training season, may be helpful, any exercises that require muscles to remain tense for prolonged periods should be avoided during the competitive season. In general, training for one skill makes little contribution to performance in a different skill. Each has differences in speed, force and pattern of movements, and each demands varying neuromuscular discriminations and organic adjustments. Training for one sport and even for one position within a sport will require special work. For this reason, the best training for swimming is swimming and the best training for its events is training for particular distances and kinds of strokes. While swimming itself does not demand great strength, a high degree of strength will allow the use of less musculature for each stroke and permit the swimmer to maintain a higher speed for a longer time. Therefore, heavy developmental exercises out of season have been found useful in bettering swimming performance. Such activities, however, should be confined to periods between competitive seasons.

Toast vs. Melba

Question. What are the relative food values of melba toast and ordinary toast? California

Answer. If both products are made from the same kind of bread their nutritive value will be very similar. On a weight basis, melba toast has a slightly higher percentage of protein and a carbohydrate since it has less moisture. Therefore, melba toast

would contribute a little more carbohydrate (including starch) than would the same weight of ordinary toast or bread.

Teeth Out of Line

Question. May teeth that are out of line be a factor in diseases of the mouth?

Missouri

Answer. Teeth that are not in correct position may offer an opportunity for added retention of food particles and debris. If the teeth overlap or are crowded, it may be difficult to keep them clean. Retention of food may prepare the way for tooth decay and lead to disease of the gums.

Protecting the Eyes

Question. A friend has told me that doctors are no longer using silver nitrate drops in the eyes of newborn babies to prevent infection. Since I am to have a baby in a few months, I am interested in knowing whether this is true. Isn't it necessary to prevent possible blindness? I always thought this treatment was required by law.

Montana

Answer. Research is being carried on at the present time to investigate the possibility of some of the antibiotics for the prevention of "babies' sore eyes." One or two writers have been very enthusiastic about some of these substitute preparations, but, in general, medical opinion is that their true value remains to be determined in this connection and that further research is necessary. Therefore, the National Society for the Prevention of Blindness recommends dilute silver nitrate solution as the preventive measure of choice. Laws or regulations in all of the 48 states do require the use of prophylactic solutions in the eyes of the newborn babies.

Dental questions are included here through the cooperation of the American Dental Association. *For* Child Training *see page 68.*

A Novel Party Idea

Presented with the hope you will find this interesting and useful

Penguin Eggs

They are easy to do and make a great hit with everyone. Use for decoration with any vegetable salad or just alone

The Penguins are simply a hard boiled egg, 3 colossal black olives and 5 toothpicks. Be sure olives are the colossal size and, if you can, get them pitted.

Each penguin requires whole olive for head, halved pitted olives for feet and flippers. Peel hard boiled egg and chill for firmness. With 2 toothpicks make legs and affix feet. Put 3rd pick into back, slantwise, to form a tripod so that bird can stand up alone. Stick 4th pick through egg to hold on the flippers. Run 5th pick through olive on the slant so that one end sticks out for a beak and spear the other end into the top of the egg for the penguin's head.

The salad, above, is white jumbo asparagus. Use French dressing with finely chopped pimientos and piccalilli in order to give gayness and flavor.

Children are not the only ones who enjoy something amusing and that is really different, like this Penguin Egg. It brings interest and excitement to any company meal. Adults as well as the older young people delight in the party thrill anything as out of the ordinary and yet simple as this novel Mr. Penguin can give.

Salad platter idea is not only one that shows off the penguin and is appropriate. Another idea is to make a penguin per person. Arrange on a platter—the whole flock. And offer in the way of a party snack, with open faced buttered slices of bread which have a coating of tasty mayonnaise; and might add big, juicy pickle.

According to the occasion, have bird carry aloft a heart, birthday candle or flag or any other symbol you might want to use. Also, the penguins can be personalized by each bird carrying a guest's name.

Young people just naturally enjoy chewing delicious **WRIGLEY'S SPEARMINT GUM.** It's always a treat—a wholesome treat, too. For, chewing helps keep teeth bright and the tasty flavor satisfies yet can't spoil appetite.

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This little card is the very essence of the Luzier Service. It sums up our ideas and our ideals. Sent to every new patron, the number on it is yours alone. A card in our files, bearing the same number, contains the information we need about your requirements and tastes. That card becomes as individual as your personality. So, you see, we have your name and number. Our big interest is YOU.

Luzier's, Inc., Makers of Fine Cosmetics and Perfumes

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KANSAS CITY 3, MISSOURI

HERE'S WHAT WE THINK

SAVING CHILDREN'S TEETH

FEBRUARY, despite its shortness, is a month of many "days." Not the least of these, and one certainly of significance to every parent, is National Children's Dental Health Day, observed on the first Monday of the month.

Encouraging evidence has been assembled by the American Dental Association that public consciousness of the importance of dental health has increased greatly. For example, in the last 20 years the number of patients consulting dentists each year has risen from 25 to 50 per cent of the population. But that fact serves as much to stress the need for continued emphasis on the importance of detecting and treating tooth decay and other dental abnormalties promptly. Those who have the greatest stake in this are children, and no conscientious parent will evade responsibility for providing this care.

Hope is held that at last a real measure of protection against tooth decay can be provided through use of drinking water to which a fluoride has been added. Long-term studies reported to the A.D.A. present what it considers convincing evidence. This is a matter of interest to every parent because it may ultimately mean fewer and less painful visits to the dentist as well as longer retention of a full complement of teeth. Use of fluoride for this purpose and in properly controlled amounts was recently approved as without harm by the Council on Pharmacy and Chemistry and the Council on Foods and Nutrition of the American Medical Association. At least 140 communities are now provided with fluoridated water. Parents should lend an attentive ear to any such proposal in their local areas.

WILLIAM BOLTON, M.D.

WHAT IS HAPPENING TO MEDICAL CARE PRICES

THE consumer's price index, compiled by the U. S. Bureau of Labor Statistics, has been widely used in adjusting wages to the cost of living. This index, formerly called the Cost-of-Living Index, measures the changes in the prices of goods and services, including medical services, commonly purchased by moderate income families in 34 large cities since the "normal" (100 point) 1935 to 1939 base period. Because of changes in the buying habits of the people since the base period, the compilers of the index are now adjusting it.

The entire index stood at 171.9 for 1950. The portion of the index covering medical care items was only 147.9 in 1950. Thus, 1950 was another year in which the index of medical care prices was not nearly as high as the entire consumer's price index. Since inflation is at once an increase in prices and a decrease in the value of money, the comparison should be shown in another way. A dollar in 1950 could buy only 58 cents worth of all goods and services compared with 68 cents worth of medical care.

The index of physician's fees was 140.0 in 1950. In other words, physicians' fees rose only slightly more than half as fast as the general cost of living between 1935-1939 and 1950.

The average weekly earnings of factory workers increased from $22.42 in 1935-39 to $59.33 in 1950. This increase was so much greater than the increase in medical care prices that an average week's wages in 1950 could purchase almost twice as much medical care as an average week's wages in the base period.

The American consumer, hedged in by inflationary prices on almost all sides, should find some comfort in the fact that medical care prices have risen only about two-thirds as fast as the cost of living.

FRANK G. DICKINSON, PH.D.

WHAT DO YOU THINK?

today's health News

by ALTON L. BLAKESLEE

HEART FUND

You can strike a blow this month against the greatest killer—heart disease. The 1952 Heart Fund, conducted by the American Heart Association and affiliates, is seeking $8,000,000 with the slogan, "New Hope for Hearts." There's cause for more optimism about controlling various forms of heart troubles. The funds go for research, for education to tell physicians of new data and to inform the public how to care for their hearts, and for community service to spread better care and train people with weak hearts for jobs they can handle.

TRACING DOWN THE CAUSES

Ancestors, hormones and diet can apparently cause osteoarthritis, judging from experiments on mice by Drs. Martin and Ruth Silberberg of Washington University, St. Louis. It's usually blamed on wear and tear of aging, but that seems to be only one cause, they find. Heredity plays a role, for some inbred strains of mice get a disease resembling arthritis, but others don't. Extra amounts of pituitary hormone bring the disease on sooner. Mice eating lots of fat got twice as much osteoarthritis as those on normal diets. Whether this was due to the fats, or just huge amounts of calories, is being studied. Foods rich in proteins didn't increase the amount of diseases. The Silberbergs' long-term experiments are seeking the causes of osteoarthritis as a first step toward preventing this painful or crippling ailment affecting huge numbers of people after 40.

MAGNIFYING MURMURS

Heart murmurs often are the only signs of damage to heart valves. To detect murmurs more efficiently, Dr. E. M. M. Besterman writes in the *British Medical Journal* of using a drug that magnifies the sound. The drug slows the heart rate and increases the blood flow and the stroke volume. It led to discovery of murmurs in unsuspected cases, he said. In normal hearts, it simply magnifies the normal sounds.

OUR CIVILIZED AIR

Burn a single pound of trash, and 500 billion particles fly up in the smoke and gases. That's no wild estimate. It's based on a microscopic count of the stuff in samples of hot gases taken from city incinerators by engineers of the University of California at Los Angeles.

The count was a thousand trillion particles per ton of trash burned, Henry Froula told the Electron Microscope Society of America. More than half of them were less than two millionths of an inch in diameter. The count is probably of the same astronomical order for solids burned in other kinds of furnaces, or a leaf fire in your yard. How many get into the air you breathe depends on chimney design, trap devices and other factors, not the least of which is civic interest in smoke and dirt control. A poor control job means health hazards in the air, smogs, dirt to plague the housewife. In many cities it has meant blighted areas.

FASHION NOTE

In pills, Americans prefer a conservative pink. Foreigners like gayer hues. This note is from a major producer of pills and tablets. The firm prepares them in more than 2000 colors.

ALLERGY

Skin eruptions on the face can be caused by matches, the strike-anywhere kind. Two such rare cases, both in smokers, are described in the A.M.A. *Archives of Dermatology and Syphilology* by Drs. J. F. Burgess and R. Roy Forsey of Montreal. The offending agent in the matchheads is apparently phosphorus sesquisulfide, they said.

Cortisone may prevent hypersensitivity to a drug which the patient ought to keep on taking, Drs. Leon Goldman and Evelyn Rockwell of

Cincinnati write in the same journal. They say it controlled reactions to antipyridine in one patient.

ANOTHER VITAMIN

Drs. John C. Keresztesy and Milton Silverman of the National Institute of Arthritis and Metabolic Diseases, Bethesda, Md., have isolated and purified the B complex

vitamin known as the citrovorum factor. It's hoped that experiments with it will bring more information about blood disorders, such as leukemia and anemia. They got the new vitamin from horse liver. It is closely related to folic acid, another B vitamin.

GLAND MIRACLE

They were dying of advanced cancers, these half dozen men and women. Some were bedridden with pain. They were men with cancers of the prostate gland, women with breast cancers. Their cancers had spread. They had improved temporarily, their cancers shrinking, after their sex glands were removed. Then their cancers flared up again, and there apparently was nothing that could be done for them.

Then Dr. Charles Huggins, Chicago surgeon, took a bold step. He removed the adrenal glands, the factories of many potent hormones. The patients lived, became healthy again, rosy-cheeked, calm. Pain was banished; their cancers shrunk. They have been kept going on two pills a day of cortisone, the wonder hormone of the adrenals, at a cost of $1.50 a day.

Six men and women are still doing well, though it is hardly a year since the first one had his adrenals removed. The operation didn't benefit other men and women with the same kinds of cancer, or else didn't help them much. It does no good against any other form of cancer, Dr. Huggins stressed. Seemingly, cancers of the prostate and of the breast are affected by small amounts of sex hormones. After sex glands are removed or become inactive, the adrenals may assume some functions of the sex glands. This would account for the renewed flareup in the cancers. Removing the adrenals brought a few people precious months of healthy life.

GOOD OLD DAYS

Hospital fare for the first day of the week: "Breakfast, a pint of Indian grewel sweetened. Dinner, ½ pound of beef and ½ pound of potatoes or parsnips. Supper, a pint of broth. Second and third days: Breakfast, a pint of rice grewel sweetened. Dinner, a pint of mush or 1 lb. of rice or flour pudding, with 1 oz. of mellosses. Supper, a pint of beer. Each patient to have ¾ lb. of soft or ½ lb. of biscuit bread per diem." This menu of 1778 from the Pennsylvania Hospital is quoted in an article in the *American Journal of Medicine* marking the hospital's 200th anniversary.

EXTRA POUNDS— FEWER YEARS

Want a push to start dieting, or reinforcement of a vow to stick with it? Then look at the figures in a new study by the Metropolitan Life Insurance Co. on how overweight boosts the death rate for men and women alike at practically every age. Between 20 and 64, the death rate of fat people was about 1½ times

the rate among people accepted for standard insurance. The more extra weight, the greater the risk of dying sooner than you should. The excess pounds are particularly bad in diabetes, heart, kidney and liver trouble. Overweight people who reduced lived longer, and often qualified for lower insurance rates.

SEEING THE DAMAGE

The virus of a skin disease leaves human skin cells looking moth-eaten. Viruses of influenza sometimes leave pits and scars on red blood cells. Some viruses seem to involve the nucleus of a cell, others the cytoplasm. With the electron microscope, science is beginning to trace some of the different ways that viruses cause their misery and havoc. Three different kinds of attack by viruses of three different diseases were described to the National Academy of Sciences by Dr. Joseph L. Melnick and associates of Yale University.

RELAXER

Indians of South America long ago dipped their arrowheads and spears in a native drug, curare. A

hit paralyzed the game, to put meat on the table. Curare, much more purified, is commonly used now in surgery, to relax muscles. Chemists have been developing synthetics, which might do the job better, without some of the undesirable effects of curare. From France comes such a substitute, trade name Flaxedil. Chemical name, if you like to try pronunciations, is tri (diethylaminoethoxy) benzene triethyliodide.

ASTHMATICS AND SURGERY

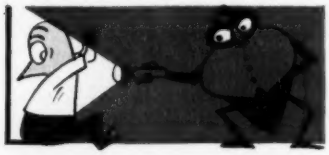
Five Mayo Clinic physicians tell of using cortisone or ACTH to bring asthma under control in patients who needed operations. It was effective in four patients whose asthma wouldn't clear up under usual treatments, they write in the A.M.A. *Archives of Surgery*. The physicians are Drs. Louis E. Prickman, Giles A. Koelsche, Haddon M. Carryer, Charles K. Maytum, and Gustavus A. Peters.

These were reports to the Ameri-

can Association for the Advancement of Science:

Nerves in Test Tubes. For more than seven months, nerve cells from human brains have been kept alive and growing in test tubes. The cells took in food, gave off waste products, kept their power to move about slowly. One thing they couldn't do was multiply by division. Nerve cells may not be so sensitive as once thought, said Mary J. Hogue, University of Pennsylvania.

Discord. Folic acid and riboflavin, B complex vitamins, just don't get along when put in solution together. The riboflavin appears to "focus"



light coming into the bottle on its companion, and the folic acid breaks down in a few days. Ordinarily, that amount of light wouldn't affect it. Most of the riboflavin stays unchanged. If the two are prescribed together, they should be kept separately or harmonized in some way, said Stanley Scheindlin, Arthur Lee and Ivor Griffith, Philadelphia College of Pharmacy and Science.

Sleep Booster. Antihistamines and histamine prolong the sleep induced in mice by barbiturates. The antihistamines show the same additive or synergistic effect with ether, an observation that might be useful in surgery, reported J. L. Ambrus, C. M. Ambrus, J. W. E. Harrisson, C. A. Leonard, C. E. Moser and G. V. Rossi of the same school.

THIS EASY LIFE

With TV, autos and a shorter work week, most Americans don't need as much food as Grandpa did, for they don't do as much physical work. The average need today is about 2500 calories a day; it used to be 3500. But, continued Dr. Charles Glen King, scientific director of the Nutrition Foundation, you still need about as much of the vitamins, minerals, proteins and some other essentials no matter what you do. There's danger in just cutting down the total amount of food without paying attention to getting these essentials. The answer is food higher in these nutritive values.

BODY AND WORK

Harvard anthropologists Frederick Stagg and Dr. Earnest A. Hooton did some interesting coupling of body type and career in a study of some 2600 Harvard men who graduated before World War I. They noted that the government officials were usually lean and unmuscular; scientists, moderately thin with better than average muscularity, while theology tends to attract lean, unmuscular, lightly built men, with a significant minority of muscular "fighting parson" type.

COMMONEST DISEASE

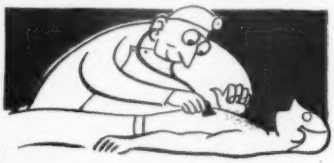
The leader seems to be dental decay, dental scientists report. Teeth are decaying six times faster than dentists can fill them even when they are engaged full time. Brushing teeth after meals is recommended as one way to cut down on tooth decay and ache.

TB SUSCEPTIBLES

The thin person of frail body build is generally pictured as the typical tuberculous patient. But W. H. Sheldon in a study of 100 men with TB found them mainly of the muscular, well-built type, says *GP,* magazine of the American Academy of General Practice.

GLANDULAR FEVER

Infectious mononucleosis or glandular fever (*Today's Health,* October, 1950) may be much more common than it seems, because people often have mild or subclinical cases. A new report tells of laboratory signs of it in 51 of 102 medical students, many of whom showed no symptoms of illness. The report is by Janet Watson, M.D., Peggy Johnson, B.S., Joseph Kahn, Ph.D., and Florence M. Stone, Ph.D., of the State University of New York and Maimonides Hospital, Brooklyn, and appears in the A.M.A. *Archives of Internal Medicine.*



ONE IN FOUR

There's nothing like a checkup, even when you don't suspect anything wrong, to catch chronic ailments early. Richmond, Va., ran a multi-test clinic in 1950, to check for suspicious signs of some 10 different diseases or ailments. Ten thousand of the 40,000 visitors found something wrong with their health, the Health Information Foundation reports after a careful study of the results. High blood pressure, anemia, overweight or underweight, eye trouble, signs of diabetes, tuberculosis and heart trouble were most often found. Many people didn't know they had such signs. Seven out of ten went to doctors for further checkup and diagnosis, treatment if needed.

COUNTING VIRUSES

There are prospects of diagnosing human virus diseases with the powerful eye of the electron microscope, capable of magnifying things 100,000 times or more. It would inspect blood samples for presence of viruses, the disease agents tinier than bacteria. Dr. D. G. Sharp, Duke University Medical School biophysicist, devised a method of concentrating the virus particles in a few drops of blood plasma so that they can be counted under the electron microscope. The method, first used in a cancer-like virus disease of chickens, may become useful someday in human disease.

by FRANKLIN M. FOOTE, M. D.
Executive Director, National Society for the Prevention of Blindness
and JOHN L. FORTSON

PROTECTING BABIES' EYES

Carew (Monkmeyer)

New drugs to prevent "babies' sore eyes" are full of promise, but the surest method was developed in Leipzig 70 years ago.

MODERN medicine progresses through new scientific discoveries and the development of better methods of treating disease. At the heart of this progress is constant research and experimentation, needed to weed the bad ideas from the good—to prove the usefulness of a new method, or to eliminate a proposed method as unsafe or ineffective or impractical.

Doctors constantly have to decide when a new drug is ready to leave the experimental laboratory, when it is safe to substitute a new treatment for one that has been used successfully for many years.

Oculists and obstetricians today are asking whether penicillin or some other antibiotic is a better prophylactic than silver nitrate against "babies' sore eyes." Some experimenters say that penicillin is superior. Some believe that aureomycin may be preferable. Others report that tried-and-proved silver nitrate is still the only reliable drug to protect the eyes of all newborn babies.

What are the facts?

Let's begin at the beginning.

Back in 1881, Karl Crede, a Leipzig obstetrician, found that a drop of silver nitrate in each eye of a newborn child would prevent ophthalmia neonatorum, better known as "babies' sore eyes." The infection occurs during the birth process.

Before this discovery, Crede reported, more than one in every ten babies born in Leipzig was afflicted with the disease. After Crede began using silver nitrate, the number dropped to one in 500.

Since then, the Crede method has been widely adopted throughout the world. It has saved tens of thousands of children from the blindness that frequently follows ophthalmia neonatorum.

In the United States, as the use of silver nitrate became more and more common, the number of blind children gradually decreased. In 1908 the disease accounted for 28 per cent of all blindness among children. By 1946 the figure was down (*Continued on page 72*)

can you afford to hate?

That depends, but here's a tip on easing unwholesome hatred without repression.

"PERHAPS I can't afford to hate," you may say, "but neither can I afford *not* to hate, when that is the emotion I really feel. If I repress it and pretend it isn't here, then the results may be worse than if I admitted it in the first place. So what am I to do?"

That is a shrewd question. The experts themselves have disagreed about it for a long time. In the end each person must find the answer that applies best to him, but scientists do have knowledge that can help us immensely toward it.

It is quite true that repressing an emotion does no good and may do a great deal of harm, since you don't get rid of it at all. You merely drive it underground, where it keeps on working after the manner of most characters who work under cover. It commits subtle and often undetected sabotage against you and against your relations with other people. It may do this through ill health, nervousness, touchiness, overcompliance, chronic exhaustion, anxiety, sleeplessness, or in many other ways equally devastating.

On the other hand, we all know too well the people who blow up at the slightest provocation and "tell off" everyone else whenever they see fit. Some of them reach positions of power, but few have many friends. They may be feared, but they are seldom loved. They are likely to end their lives lonely and bitter.

So what are we to do when hatred boils up in us? Here are some general rules that often help:

1. Say to yourself frankly, "Yes, I feel hatred here." But before you punch someone's nose, or read him the riot act, stop and think, if you can, *why* you feel it. Do the circumstances themselves warrant such a violent

feeling? Or did they touch off something that happened long ago—something that makes you react out of all proportion to the present offense?

If, somewhere in your past, a mother or father, a brother, sister, teacher, friend or acquaintance treated you in a way that you considered unfair, you probably resented it, but felt helpless to do anything about it. Besides, you may have been taught from your earliest years that it was wrong to hate. So what could you do? You didn't want to do something wrong and you weren't big enough to fight back, so about the only course open to you was to put the whole thing out of your mind, to "forget" it.

It is a rare child, however, who can successfully forget an injury. Too often the hatred lurks there below the surface. Whenever anything happens that in any way resembles the original experience, the old hatred intensifies the new to an extreme far beyond anything reasonable or just.

If you succeed in finding somewhere in your past an experience enough like this to make you feel so violently now, you can say to yourself, "Yes, I *did* have reason to feel hatred then, and I *was* helpless to cope with it. But I don't have to act or feel that way any more. I am an adult now and I am no longer helpless. I have many resources for meeting this situation in a rational and constructive way."

Sometimes such past experiences are so deeply buried that it takes a professional person to help you uncover them. But often you can do it yourself if you realize that there is no reason now to hide them from yourself, every reason to get them out into the open.

2. Summon the resources that you as an adult possess. One of the greatest is your power to think logically, to reason. Although children, too, possess the beginnings of it, they do not become really adult until they can think out their problems instead of being swayed by every passing emotion.

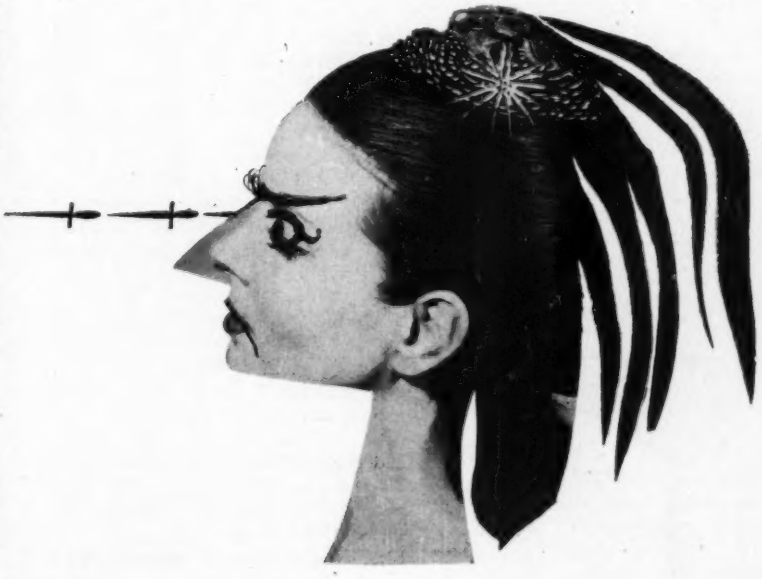
For instance, if you were in a crowd and someone hit you in the eye with his elbow, your animal impulse would urge you to hit him back, call him names, beat him up. But as an adult you know that, in such a crowd, people often cannot keep from hitting others. The person would probably say to you, "I'm so sorry." You would answer, "It's quite all right." Your eye would still hurt, but you would not hate the person who hit you.

In other circumstances, if someone hit you deliberately, either with words or actions, again you would try to see why he did it and what unhappiness in his own life made him act that way. In the popular phrase, you would "consider the source." The more you learn about other people, their problems, struggles and handicaps, usually the less you feel like hating them.

You would try to see if any actions or feelings of yours had helped to cause it. It might possibly be that you were feeling out of sorts for any number of reasons, or that you were still irked by something else, and so you made a mountain out of a molehill.

After considering these things, you might attempt to talk it over with the other person, if you still thought it important enough to merit that. You would say that the situation needed improving, that you were quite willing to take your share of the responsibility for it, and couldn't you both work together toward a better solution? If he refused, you would not need to hate him. You might pity him for being his own enemy. But you would take the measures necessary to protect yourself.

3. Choose the proper things to hate. A great church uses the adage, "Condemn the sin but not the sinner." That is good workable human relations. Certain actions are not good for anyone concerned. You can make that known to the person commit- (*Continued on page 62*)



by HELEN PEAVY WASHBURN

Crippled Hearts

A physician who is also a father tells how the tragic story of rheumatic fever can have a happy ending

OUR 16 year old Jacqueline won the tennis tournament at her high school.

"Fine," you might say politely. And you would be polite if you knew our Jacqueline. "So what?" you may think because you do not know her. "Somebody had to win."

But Jacqueline's victory was something more than winning a few sets of tennis.

While Marcelle and I admired our daughter placing her shots with a strong forehand, flashing across the court to compensate for a backhand that was not as good as her opponent's, I kept thinking of a gray, cold morning eight years before when I stood looking at that same Jacqueline, a pitiful little girl writhing on her bed.

The spectators cheered when Jacqueline took her last set. Jacqueline's grace and sportsmanship had completely won them. They were more than polite. We cheered, too, and as I cheered I found myself blinking away a little troublesome moisture from my eyes. Now I felt sure she was safe, but I was remembering too vividly that terrible dawn—only eight years!—when Jacqueline had torn my heart with her plea: "Daddy, cut off my legs. I don't care, they hurt so much."

The cheering subsided. Marcelle's touch brought me from my thoughts.

"Bob," she said, "do you realize that if Jacky can win her game today, that if she can run and play, perhaps that if she can still be with us, it is because of what was done, and done promptly, when she first had rheumatic fever?" Marcelle smiled, but there was the suspicion of an accusation in her expression when she continued: "What was done might have been done a little more promptly, but I can forgive you today."

Did I realize that! Then I understood that Marcelle, too, had been reliving those decisive few days eight years ago.

It had begun about two weeks after Jacqueline recovered from a sore throat. She had not felt up to par and, one morning, she began to complain of a little stiffness in her thighs and her right knee. We tried to keep her quiet. In the afternoon, when we discovered that she had a degree of fever, we made her go to bed. She became fretful toward evening. I gave her a little aspirin and she went off to sleep.

Marcelle had suggested that we call Doctor Boswell. I had put her off. Why are we doctors sometimes so stupid about our own families?

In the bleak early hours of the next morning Jacqueline cried out in pain. Both Marcelle and I were at her

by ROBERT TOUBIB, M. D.

bedside in a second. We found poor Jacky shivering and miserable. The weight of the bedclothes had been so painful that she had pushed them off. Both her ankles were red and swollen. It was when I touched one of them ever so gently that she pleaded: "Daddy, cut off my legs. . . ."

For a second I stood aghast, thinking of something beyond those painful ankles, thinking of what might be happening to the valves in Jacky's heart, wondering how much that heart would be crippled.

Marcelle looked at me. I felt the reproach in her glance. I set to work.

"I'll telephone to Doctor Boswell," she announced.

I placed pillows to protect Jacqueline's ankles and covered her with the lightest eiderdown comforter. Then, as further protection, I made a sort of primitive bed-cradle out of a box with the top and one side knocked off. In the space beneath the cradle I placed two hot water bottles.

Then, with my stethoscope, I examined Jacqueline's heart. I listened and tried not to hear. But I could not help hearing. There was a harsh murmur, a murmur which had not been there when I listened only a few days before. It gave me a sickly hopeless feeling.

Now I could not help knowing that Jacqueline had *acute rheumatic fever.* Nor could I stop thinking that that murmur might mean a crippled heart for the rest of my daughter's life. I thought of all the good things she might miss: dancing, playing, really living--living a useful life. And I could feel Marcelle's questioning eye on me. What was I to tell her?

There were footsteps behind me. I felt a hand on my shoulder and heard Bill Boswell's voice say: "What's the trouble, Bob?"

"Rheumatic fever, acute," I said and blurted out the whole story with all the pessimism common to doctors when the patient is of their own flesh. When I had finished, Bill verified my observations and diagnosis.

Then he said: "Cheer up, old man, we're starting treatment early."

Conscience-stricken, I replied: "I should have called you last night."

"Yes," agreed Marcelle.

"At least you have not poured all the neighborhood remedies into Jacqueline's stomach nor used all the pain-killers on her tender ankles," replied Bill. "That might have wasted days. It is often a week before I get a chance at a case of rheumatic fever. This time. . ."

I interrupted: "What's the next move, Bill?"

"We'll start with a large dose of salicylate with bicarbonate. Keep an ice bag over Jacqueline's heart. . ." and Bill gave me full directions about treatment and then turned to Marcelle with points about nourishment and care.

In Jacqueline's case the effect of the salicylate was dramatic. Within two hours my daughter decided that, after all, she would like to keep her legs. By noon the tenderness was almost gone. In a few days all pain had disappeared and her temperature was actually normal.

But that was not the end. Day after day we followed Doctor Boswell's treatment, followed it long after the symptoms of the disease had gone, followed it when Jacqueline insisted she was well except for the nasty medicine which made her sick.

Poor Jacky had to stay in bed while her schoolmates played in the sun and in the snow. During those days the ice bag over her heart served in an unexpected way: keeping the bag in place became a sort of fetish with her and helped to make her lie quietly on her back.

Every morning I listened to the patient's heart sounds. After a week I began to ask myself: "Is that murmur really becoming smoother? Is it less audible?"

Another ten days, and I could no longer be sure I heard it. Just as at first I was afraid to believe that the murmur existed, now I was afraid to believe myself when I could no longer hear it. But Bill Boswell came in and listened long and intently. Turned Jacqueline to one side and listened again. Then to the other side. At last he shook his head and said: "Bob, it's gone."

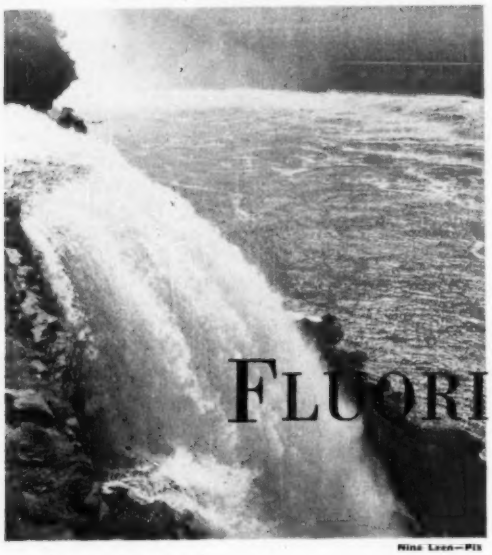
Happiness came back to our home. Marcelle smiled again.

Then came the long convalescence. We took no chances. I had not forgotten the many patients I had seen whose hearts were crippled and failing, whose mothers almost always made confessions much like this one: "Oh, that *is* so, Doctor, Mary (or Jim) did have swollen joints about a year ago. But they didn't amount to much. The child was only in bed a few days."

And I knew that in most of those cases it was because the children had not been carefully guarded until their hearts had returned as near as possible to normal that the little patients were now condemned to join the long list of young people who die each year of this disease. For six to seven thousand between the ages of five and 24 die of rheumatic fever in the United States each year.

Orders or no orders, Jacque- (*Continued on page 52*)

Robert Toubib is the pen name of a well known surgeon.



Nina Leen—Pix

FLUORIDES and TEETH

A MAP is one of the strangest places in the world to find a way to stop tooth decay. Yet that is where it was found. And it was found at a time—almost 20 years ago—when dental researchers were not directly on its track. Little was known then—or being done—about stopping the ravages of this most common of diseases. In fact we are only now beginning really widespread use of the knowledge that map led us to.

Tooth decay was something everybody—or nearly everybody—had. There wasn't too much to be done about it: just fill the teeth as they decayed, and hope that someday, maybe—

But to return to the map. It was a large map hanging on an inconspicuous wall of the old headquarters of the National Institute of Health in Washington. And they were sticking pins in it.

Each pin represented a place in the United States where people were known to be suffering—not from tooth decay, for then the map would have been nothing but pins!—but from mottled enamel, a relatively rare condition caused by no known bacteria or virus. The teeth were chalky and became badly discolored. As the reports of cases of mottled enamel were plotted, the map pins began to arrange themselves in clusters. It was clear only that those who had these teeth with the chalky white or brown spots lived in definite areas of the country.

But why? Why these particular areas and not others? What did these people in widely scattered places have in common? The air they breathed . . . the food they ate . . . the water they drank?

The water . . . At different times in the past some students had made a few shrewd guesses about the relationship of water to these curiously mottled teeth. So the men at the pins, Drs. H. Trendley Dean, Frederick S. McKay and others, decided to check the water.

In time they were able to determine that the water used by the people in the areas defined by the pins contained relatively large amounts of a certain kind of chemical—fluorides. Yes, this must be the answer. Mottled teeth were caused by too much fluorine. In places where drinking water abounded in natural fluorine the discolored teeth were found. Where it did not, tooth enamel was normal.

But there the story didn't stop. In fact, there it just began.

While the researchers were looking into this matter of mottled teeth, another dramatic fact had come to light, the kind of fact whose impact only a research man can really know. Not only did the people who consumed water with too much fluoride in it suffer from mottled teeth—*they had much less than average tooth decay!*

Was there a relationship between fluorides and tooth decay itself? And if so, what was it? Was mottled enamel the price one had to pay for a relative freedom from tooth cavities? What was the nature of the strange affinity this chemical had to the rod-like enamel cells of teeth? What was the safe and effective dose? Over what length of time need it be given? Were its effects permanent?

The studies began. First, the water. Nowhere in the United States is there much more than 8 parts per million of fluorides suspended in the supplies of drinking water. Yet a concentration this "heavy" produced unsightly mottled teeth. An extremely delicate and accurate method of measuring the amount of fluorides present in water had to be found. It became essential to fix the exact point at which infinitesimal quantities of this chemical could not cause teeth to discolor, but

We begin the conquest of decay

by FRANK C. CADY, D. D. S.

yet would safely and effectively cut down the amount of tooth decay.

And next came the people. Who responded to the protective effects of this chemical hidden in the drinking glass? Population studies had to be planned, carried out and patiently analyzed.

The "hunch" about fluorides still needed to be proved. This became work of months and of years. Samples of the population in and out of the fluoride areas were studied.

At last the salient facts began to emerge. By the time the country launched into World War II, it had been established that children and teen-agers who had lived all their lives in communities where the drinking water contained fluorides showed 50 to 60 per cent less dental decay than children drinking water without it. To be sure, fluorine would not stop all decay. No responsible authority has ever made such a claim. But the possibility of slicing in half the national tooth loss due to decay presented a goal that eclipsed anything any practical workers in the field of dental health had ever dared to dream.

It became apparent that it was only the children who counted. And the children had to be continuously exposed to the presence of fluorides in their drinking water up to the age of nine—while their permanent teeth were forming—for it to be most effective in preventing decay.

Finally, the amount of the fluorides necessary in the water to prevent tooth decay, yet not risk causing mottled enamel, was found to be less than a drop in a bucket. One part fluoride to every million parts of water was the answer.

So it was very simple.

Here were all the answers. All the pilot studies, all the laboratory tests; all the population figures—all these were in. Everything was proved. As V-E and V-J days passed into history, it was clear that there was one simple thing to do in order to prevent billions of the future teeth of our future young people and, in time, old people, from being lost to decay.

Just be sure that all the water Americans drink from now on contains a minute amount of fluoride.

But of course that was not simple at all.

In many places there was not even a suspicion of it in the water. Could communities in such areas add fluorides to their water supplies and get the same preventive effect? In theory, yes. But it had never been tried and proved. So full-scale, realistic tests were undertaken in Newburg, N. Y., and Grand Rapids, Mich. In these towns fluorides were added to the city water supplies, and the teeth of the children were checked periodically to observe the effects.

At the same time the towns of Kingston, N. Y., and Muskegon, Mich., where population, diet and other conditions were very similar to those in Newburg and Grand Rapids except that fluoride was *not* put in the water, were carefully studied. Over several years the results, in simple terms of decayed teeth, of fluoridation and non-fluoridation were minutely compared. Only within the last two years or so, as a result of these tests, has it been clearly established that fluorides added to the water do fully as well in reducing tooth decay in children as those already present.

That settled the fact that fluorides could be added in a controlled way to the water supply. But not every place needs fluorides added to its water. In many places—some of those marked by the pins in the original map, for example—there is too much fluorine in the water. In these spots can enough of the chemical be taken out to prevent mottled teeth? Chemists are still at work on this one. There has been some progress, but the answer is still "not yet."

Again, there is a great bulk of children who live in towns and on farms where drinking water comes from wells; how could they be sure of receiving the right number of the magic drops in their water? They could not. They must rely on the next best thing—the same thing many kids are receiving now in towns where fluoride feeders are not yet pumping their droplets into the city reservoirs.

This is something called "topical"—local—application of fluoride. This means that the kids simply have it swabbed on their teeth by a dentist instead of getting it through the drinking water.

Since almost half of our children live where fluoride cannot be added to the water, researchers, such as Dr. John W. Knutson of the U. S. Public Health Service, as early as 1942, realized that other methods of getting the substance to the teeth had to be improvised. After several years of complicated experimentation on children, involving swabbing the teeth on one side and

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comparing it with the other side which was not swabbed, it was found that four applications of a 2 per cent (not parts per million) solution of fluoride in water a week apart will prevent up to 40 per cent of decay. These four treatments should be given the child soon after his first teeth appear. After that he should receive four full courses of treatment between the ages of six and 13. Fluoride solutions cannot be haphazardly painted on the teeth or sloshed around in the mouth like a mouth wash; they must be applied carefully and by competent dental personnel.

Because of the impossibility of treating individual water wells, springs, cisterns and the like, and because many communities have been slow to adopt fluoridation, soon after the war the federal government launched an extensive campaign in the states to get a program of topical application of fluoride to children's teeth under way. Backed by federal money, state health authorities recruited and sent well trained dentist and dental hygienist teams throughout the country to swab the children's teeth and to show local health units and school health services how to do it. This explains probably why some time within the last two years Junior may have come home from school and announced that this was the day his teeth were "washed off with florals."

Besides this perhaps more familiar way of applying flouride to young teeth, many schemes have been devised to do what the drop in the bucket will do. Fluoride has been put into such things as tooth paste and chewing gum but to no good effect.

In the cities, where the best way is possible, that of adding the requisite amount of fluoride to the water supply, it has been no simple matter to put across.

In many places the city fathers have stuck at the cost. To fluoridate the water in most localities, by using sodium silico fluoride—the newest and cheapest form of our old friend—the estimated cost has dropped from about ten to about five cents per person per year.

While these costs are entirely reasonable, there is sometimes a tendency for politicians to be more concerned with today's votes than tomorrow's. After all, today it's the children who get the main advantage from fluorides.

And then, as if another obstacle were needed, there arose the objections of the people who, once they heard of it, were afraid of fluorine. Most people never cared or knew about fluorine, the quiet epic of its development or its promise of reducing tooth decay. For such people fluorine was something out of a chemistry textbook until one day someone proposed putting it in their decanters and tumblers. People fear nothing as much as the things they do not understand.

In spite of the exhaustive tests to prove that, like chlorine or iodine, fluorine in low concentration is not poisonous, in spite of the fact that in the water supply it has never been known to have caused anything more serious than mottled enamel and then only in high concentration, and in spite of the massive literature now arrayed to prove its benefits, the timid, in the classic manner of the timid, have usually been opposed to its presence in the drinking water.

Perhaps more serious was what to do about the disinterested. When the news of fluoridization first became public the response was less than overwhelming. In practically every community where a fluoridation program has been started a persistent public education effort has been required to overcome this apathy. To impart a grain of enthusiasm for the new advance was—and continues to be—no easy job. Medical miracles—perhaps because there have been so many of them recently—have somehow become a little commonplace and somewhat confusing to the man in the street. Yet a dent has been made in the public mind. While perhaps it's not yet in the same class with insulin or penicillin, nevertheless John Doe is beginning to realize that fluoride is around and that it's good stuff for his kid's teeth.

The hypochondriacs, too, posed a few problems. In some quarters

Crowds

People are a stupid lot—
I'll say it right out loud.
And why? Because the birdbrain fools
Have *got* to join a crowd.

A bargain sale—a big parade
Or just some loud-mouthed guy
Can draw 'em out like army ants
All pushing, stomping—why?

Step on my feet and shove me back—
Go on—dishevel me! . . . .
You stupid folks all watching something—
Move! *I've* gotta see.

Margie Welch

The Little Doctor by DAVID ATCHISON and PETER J. STEINCROHN, M.D.

fluoride was seized upon as a new Pandora's box of all the direst symptoms. In Newberg, N. Y., for example, when it was announced that on a certain date it was to be added to the water, many people called the health department complaining of dizziness, spots in front of the eyes, headaches, heart palpitations, etc. . . . The only trouble was that, due to some difficulties in installing the feeder, no fluorine had yet been put in the water.

Also arrayed against the installation of fluoridation equipment in some of our cities, religious groups turned up to oppose "medication" of their water, though fluoridization is not medication. In a democracy every voice is heard. The only thing to do is to await the effect of enlightened public opinion. That that opinion is becoming enlightened is shown by even a cursory analysis of the increasing editorial and news coverage on this subject. Sodium fluoride has long been out of the "zone of silence"; daily more and more of our citizens are alert to its potential benefits.

Endorsed by virtually every medical, engineering, and dental group in the country and practically all health agencies, helped by increasing public understanding of its long-term benefits, the program for fluoridation of water supplies or—barring that—direct treatment of all children is gaining support everywhere across the nation.

In bandwagon style civic organizations, women's clubs, parents' groups, and others have added their voices to those of the professional groups and the public health authorities. Fluoride is no longer the esoteric possession of the zealous researcher or the statistical analyst. It has now penetrated into the city council, the legislative hall, the school board—and the town budget. Americans are beginning to do something about it where it counts.

Hundreds of cities are authorizing programs to fluoridate the water consumed by their citizens. At the end of thousands of research hours and education the potent drops are beginning to seep into the enamel cells of our youngster's teeth. They will help to conserve those teeth against much of the rot that has claimed so many of the teeth of their ancestors.

Snow Man's Land

I think the world well lost
For snowy scene and hush—
Till snow and ice defrost
And I contend with slush!

Vesta Nickerson Lukel

FOLD ON DOTTED LINE AND MAKE ▲ A FIRST AID FILE IN YOUR RECIPE BOX

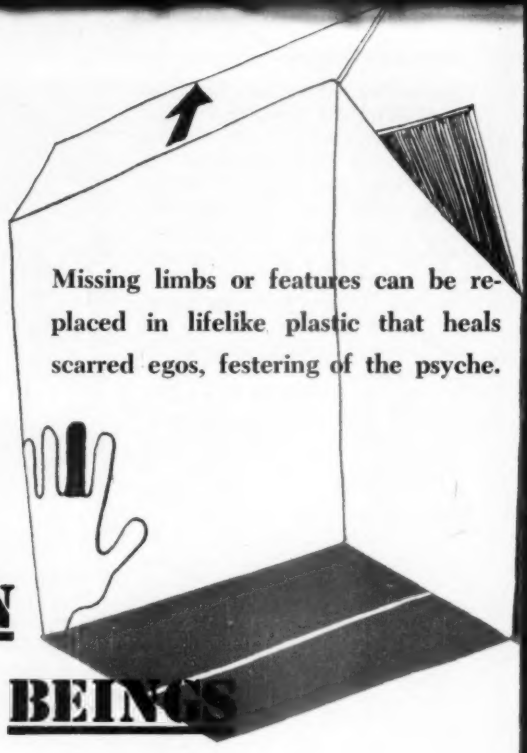
ARTIFICIAL RESPIRATION

Constant ventilation of the lungs to bring in oxygen and remove carbon dioxide is necessary to life. If breathing stops, death almost always occurs in less than six minutes. In some cases, however, artificial respiration may save lives. If the underlying injury or illness does not permit life, all efforts will be unavailing; but when the cause is electrocution, suffocation, gas or sedative poisoning, drowning or certain illnesses such as poliomyelitis, artificial respiration should be administered promptly. Recently the back pressure—arm lift method for giving artificial respiration has been endorsed and adopted by many organizations, following intensive research to determine the most effective method for general use. The following is a condensation of the standard technique for administering this method.

What to Do

1. Quickly place the victim on his stomach with his hands under his cheek. Turn the face slightly to one side.
2. Kneel on one or both knees above the subject's head facing his feet. Spread your hands out on his back with the base of the palms below a line running between the armpits and your thumbs just touching.
3. Rock slowly forward with elbows straight until your arms are approximately vertical, exerting gradually increasing pressure. Adjust pressure to his body size.
4. Immediately slide your hands to the victim's arms just above his elbows and rock slowly backward. As you rock, draw his arms upward until you feel definite tension at his shoulders. Repeat the full cycle 12 times a minute, giving equal time to the compression and the expansion phases. Continue until the victim commences to breathe or evidence of death is incontrovertible.

SPARE PARTS FOR HUMAN BEINGS



Missing limbs or features can be replaced in lifelike plastic that heals scarred egos, festering of the psyche.

FOUR year old Jimmy was well on his way to becoming a delinquent. He was definitely antisocial. The other kids wouldn't play with him and made fun of him. So Jimmy threw things and destroyed things, and hid in dark corners of the alley where he lived and was a definite problem to his mother, to his neighbors and to the authorities.

You see, Jimmy had no nose.

Three years before, in the slum home where he lived, a big rat ate the button nose from his face before his screams brought help. So Jimmy slunk through the half-light when he could, an outcast in a world of the slum dwellers, far on the way to being a dynamite bomb in society, a 4 year old human protest.

Then someone told Jimmy's mother about the Clinic. The Clinic was making hands and feet, ears and fingers, for people who had none. It was free. So, with a Jimmy who hung his head low and twisted away from everybody so his face wouldn't be seen, his mother went to see what could be done. The long corridors with slick floors where so many children loved to slide, the clean rooms where other lads loved to make up noisy games, merely oppressed Jimmy. He hid his face in his mother's skirts and when she went in to talk to the director, hung his head so no one should see his shame—the noselessness of Jimmy.

Jimmy began a new routine—for several days his mother returned to the Clinic with him and sat with him while a lady in a brown smock put greasy clay on the end of what was left of Jimmy's nose and pinched and twisted to find a good shape. And in between times, they gave Jimmy some of the clay to play with, and Jimmy made innumerable little pairs of shoes. In Jimmy's home there were never enough shoes. Then, finally, after a wait, Jimmy and his mother came back and after a lot of painting and fiddling, everybody said, "There—that's perfect!"

Somebody gave Jimmy a hand mirror, and before he put it down, he glimpsed a stranger in it—a stranger somewhat like the Jimmy he hated to see, the noseless Jimmy. Only this image had a nose. Jimmy scowled—the image scowled. Jimmy made a face—the image made a face. Jimmy began to smile—so did the image. Through the magic of the Clinic he had somehow got a nose!

Provided with *two* noses—for four year olds often lose a spare part—Jimmy started for home with his mother. In the light of day, on the busy street, he again hung his head. But when a man walked past him, he dared raise his face and look at the passer-by. The man looked at him and neither laughed nor shuddered—just looked without even staring. Head up, Jimmy tried again—again, he was accepted as ordinary. Then Jimmy understood. He belonged!

That is probably the most dramatic story that has come out of the Prosthetic Clinic at the University of Illinois Medical Center in Chicago, but it is only one of many. For many, many people need cosmetic prosthesis to repair the ravages of disease or accident and make them able to face the world again.

by MANNEL HAHN

Another nose story was that of a young lady who lost hers by surgery, because of a cancer. Of course, loss of a nose or an ear or any facial feature is particularly disfiguring and particularly hard to take. So this young lady was most anxious to get back to normal. The sculptor who had modeled her nose was visited one day by another sculptor from New York, who was sitting in the waiting room when this patient came in, after wearing her "cosmetic" nose for a week, for a routine check. The sculptor, her guest and the patient chatted for about 30 minutes before the visitor asked, "What about that nose case you mentioned—am I going to get a chance to see it?"

Not all cases are as competely disarming. There is bound to be a line where the real and the false flesh meet—powder base and face powder can disguise but not fully hide it. The spare parts, be they features or limbs, have no utility. They are for show only. The material is an acrylic plastic with a texture and resiliency much like that of flesh. After the part to be replaced has been modeled in clay or "wax" (which is like plasticine), a plaster mold is packed with the raw plastic, which is "cooked" to cure it. It is then colored to match the host, though the basic tone of the part is cured into the feature or limb.

Dr. Stanley Tylman and his co-workers have made various improvements from time to time, and so have other laboratories. The British developed a catalyzer that speeded up the curing process. And a New York worker, Mrs. Lillian Bettinger, cut through the bottleneck. BB—Before Bettinger—a sculptor always had to model missing parts. Technicians could approximate them, but sculptors actually had to construct parts to cast in plaster to get the "feel" of them. Mrs. Bettinger made her casts on living models, selected for the size and structural type required. Then the plaster reproduction could be fitted in a fraction of the time it would have taken to model it. What's more, a technician with a fraction of the skill necessary for a sculptor could do first rate work.

Mrs. Bettinger has two offices now—one in New York where the processing laboratory is, and one in Chicago (with a sculptor in charge). There have been more improvements—hard plastic fingernails and toenails to give additional natural appearance; hair inserted in the plastic arms and legs to match the original limb; wires worked into plastic fingers that will remain in a set position and enable the wearer to hold things, and other gains.

Not all of the replacements are because of disease or accident. A surprising number of people are incomplete from birth, congenitally incomplete. Some of them withdraw from the world, if they can afford it. Others, especially if their economic status requires it, face society and brazen it out, covering up as best they can. Still others wear plastic parts.

Recently, one young woman came to a technician. Her right foot was incomplete—it just wasn't there forward of the instep, and lacking a support for the metatarsal arch, the instep had fallen, with resultant calluses and pain. Furthermore, she was addicted to high heels and open-toed shoes. So a maker of corrective shoes had whittled a wooden block to a rude imitation of a foot, constructed a brace that supported the fallen arch and attached it to the block. Inserted in a high-heeled open-toed shoe, the wood block fooled no one, but it did allow her to dress as she wished, and it did allay the pain for a time. But it soon began again.

The only foot available for casting in her size was that of a girl whose toes were more spatulate than hers, but a cast was made and the plaster carved to resemble her toes. Then toenails matching hers were inserted and the plastic cured and colored, with half moons under the nails. A specialist designed a brace to correct the arch condition. When her stylish shoes were on, no one could detect the addition.

Three months later she was back for a new replacement to go with her swimming costume. Now she has a third foot, to go with dress slippers. She cannot do a thing with these false feet that she could not do without them, but they add immeasurably to her life for they have rebuilt her morale.

That's why this is called *cosmetic* prosthesis—it's all for show and "feeling complete." The parts have no other use whatever, except for the hands that will hold something if it is pushed into place.

Cosmetic prosthesis takes over after the surgeon has done his work. Sometimes cosmetic surgery isn't indicated, especially after excision of cancer. But missing parts can cause a scar on the (*Continued on page 67*)

what's a *psychiatrist* to you?

PSYCHIATRY, like surgery, internal medicine or pediatrics, is a specialty in medicine. As physicians, psychiatrists have much in common with all other medical men. Their training before they began to specialize, was the same preclinical instruction in the foundation sciences and the same clinical courses in medicine, surgery, dermatology and so on. As interns, they shared the trials and satisfactions of operating and delivery rooms, medical wards and laboratories. It was only after they had completed all the requirements for an M.D. degree that their ways parted. It was then that the psychiatrist-to-be began the necessary additional training to qualify in his special field.

As a physician, the psychiatrist shares with other medical men the usual role of diagnostician and therapist, of finding out what is wrong and trying to make it right. In this role he differs from the general practitioner and the other specialists only in the field of his interest, that is, disturbances in the mental life.

This brings up the serious and, at times, troublesome and perplexing question, "who needs psychiatric treatment?" The answer has changed considerably in the last 60 years. Until then, psychiatry was preoccupied with the extreme cases of mental disturbance that required hospitalization. Today we find that it is less exclusively preoccupied with the psychoses ("insanity") and is much more interested in the milder deviations that distress us who are outside the institutions.

The signposts of mental illness are legion. Auditory and visual hallucinations, hearing voices and seeing things; delusions of persecution, being pursued or plotted against; inexplainable swings of mood, "on top of the world one week and down in the depths another," are perhaps the most widely known. These, usually, are symptoms of advanced or serious mental illness. They are not necessarily the most important, and certainly they are not the only symptoms. The student who has the necessary intelligence but consistently fails in his studies; the man who has the ability but does poorly in his work; the one who shows promise but shirks responsibility or spurns opportunity; the person who is tired all day and restless all night; the man or woman who cannot take time off from the daily task to relax and enjoy a vacation —all these and many others are people who have been unable to meet their environment. They have failed to secure adequate gratification for their emotional needs. They are unhappy. Some of them will end their lives in tragedy. All could benefit from psychiatric treatment.

The psychiatrist does much more than diagnose and treat the mentally ill. He has recognized that one of the greatest stumbling blocks to progress in his field is the lack of trained personnel and has accepted responsibility for training people. It has been said that "the analyst practices analysis all day and teaches analysis all night." This is partly borne out by a 1949 study of the Boston Psychoanalytic Society and Institute, which indicated that 70.7 per cent of its members hold a total of 45 appointments in medical social work and other schools. This study indicates that psychiatrists have assumed responsibility for training not only other psychiatrists but psychiatric social workers, psychologists, medical men and others.

In addition to his responsibilities for diagnosis, treatment and training, the psychiatrist, as a medical man, has the obligation of extending the frontiers of knowledge in his field. Although a considerable body of knowledge has already accumulated, there is a great need for (1) further research into the causes and nature of mental illness; (2) more reliable methods of diagnosis; (3) much more effective means of prevention and treatment, and (4) positive mental health programs.

There's no pessimism in saying he means more every day to you, and to your town, and to your world.

The medical profession long ago realized that it must

Dr. Novick, author of "How Teachers Can Build Mental Health," in last November's Today's Health, *is medical director of the Illinois Society for Mental Hygiene.*

by RUDOLPH G. NOVICK, M. D.

go beyond its valiant struggles against the diseases of the individual. It began a search for causes of disease and ways to combat them. It extended its interest from individuals to groups. It thus began its public health programs, which are dedicated to keeping healthy people healthy.

The psychiatrist also has a deep concern in keeping healthy people healthy. But he has no "magic bullets" or "miracle drugs." The public health aspect of psychiatry has not been characterized by drama. It is a slow, tedious, mundane task in which results cannot be readily seen. We need a great deal more knowledge before we can see a clear-cut, hazard-proof program of prevention on which we could all agree. Despite the difficulties, we are doing something in this direction. Illustrative are the increasing attention to incipient personality maladjustments and the mild and acute forms of mental illness, and the rapid growth of child guidance centers and mental hygiene clinics.

These interests are related to the preservation of mental health and the prevention of mental illness, because they (1) are efforts to prevent sick people from getting sicker, and (2) are a means of relieving anxiety and allaying frustration among the relatives and friends. But correct thinking, I believe, will lead us to the conclusion that actually they are not preventive in the real meaning of the word. We cannot lose sight of the fact that these people are sick—mildly, perhaps, but sick nevertheless. A truly preventive program cannot be confined to child guidance centers or mental hygiene clinics, and it cannot be limited to a comparatively few people who already show evidence of emotional disturbance.

A truly preventive program, or a positive mental health program, is the concern of all society, for it concerns itself with well people. A positive mental health program is directed towards increasing the well person's ability to meet external and internal stress, and to aid him in maintaining mental health, as the key to effective personal and social living in a democratic society.

The concept of a positive mental health program broadens enormously the field of interest and activity. Mental health is influenced not only by biological and psychological factors but by social and cultural factors. The home, school, church and recreational facilities, and the impersonal, "objective" factors such as population pressures, technological changes and migrations, are environmental forces affecting the lives of all of us. Thus mental health becomes more than a medical problem. Thus, too, mental health becomes a matter of interest not only to the psychiatrist but to all people engaged in studying or dealing with human beings. The parent, educator, clergyman, jurist, sociologist, anthropologist, and others have a role to play and a responsibility to fulfill in the promotion and maintenance of mental health.

In this wider field the psychiatrist finds himself in unfamiliar surroundings. His subject is society, rather than the individual. His aim is the promotion of health, rather than the treatment of disease. His team is composed of workers in a variety of fields, rather than being limited to psychiatrists, social workers and psychologists. His status within the team is different. He is not necessarily the leader of the team, as in the clinical setting, but rather he is a member of the team and, more frequently than not, accepts the leadership of another member of the team.

As the psychiatric member of the multi-professional team, the psychiatrist can make a unique contribution. His training and clinical experience have afforded him a knowledge of personality structure and an understanding of the dynamics of human behavior which are sorely needed on many public issues and in many practical social questions. As a member of the team he has an opportunity of making practical application of his science to communal affairs. He must do it cautiously, with reservations and with a modicum of humility, because

the clinical observations in the individual case are not directly translatable to the problems of the group or of society as a whole.

Illustrative of the psychiatrist's potential contribution is the effort of the Group for the Advancement of Psychiatry, to determine whether, and if so how, the psychiatrist can aid the educator "toward the common goal of increasing the effectiveness of personal and social adaptation to the exigencies of stressful life."

The group's interest arose from the knowledge that (1) the personality of the adult is dependent upon early childhood experiences; (2) those responsible for the training of children —parents and teachers—are in a strategic position to carry out some effective measures for mental health, and (3) leaders in education have accepted responsibility for the promotion of mental health as part of their regular curriculum. The group's committee on preventive psychiatry concluded that the psychiatrist can help teachers by:

1. Training them to recognize seemingly mild deviant behavior which may have serious consequences. Such training will enable the teacher to serve as a "case-finder" and, under certain circumstances, as an active participant—actually on the psychiatric team—in its treatment program.

2. Training them to extend their knowledge of personality growth and development and to use it in the classroom.

3. Collaborating with them "in those projects which are oriented towards influencing the mental health of the child through the child's direct experiences in the school."

4. Acquainting school policy or administrative groups, as members or consultants of such groups of the psychological implications of their actions in such matters as changes in school curriculum, teacher selection and discharge or promotion.

Another example, in an entirely different field, comes from the group's study of the application of psychiatry to industry. A positive, preventive and therapeutic mental health program can help to increase industrial productivity and to meet human needs. As a clinician, the industrial psychiatrist will "perform his usual roles of diagnostician and therapist, not only with individuals, but also with groups." As educator, he will prepare supervisors, personnel staff and medical staff so that they can, in their daily tasks, carry on a mental health program. As consultant to management and labor, he can constantly call to their attention the psychological implications of various personnel policies, the "unconscious emotional factors which inhibit production and produce social distresses, dissatisfactions and ill health."

Happy Meeting

A cherub's smile
In party-pink bows,
And a pixie's toddle
In size four hose,
Met a pair of eyes
Deep sapphire blue,
That danced under hair
Of golden-spun dew.
Not contented alone,
(Or so I was told,)
They all joined together
In a two year old.

Florence A. Dietz

One final example in still another field. This example is drawn from the broad field of daily living. In the words of Dr. Julius Schreiber: "Today's social, economic and political climate generates intense fears, gnawing anxieties, in millions of people—fear of war, fear of loss of savings due to runaway inflation, fear of loss of job, fear of depression —*fear of the future!* The tension, anxiety and frustration arising from these and other problems, such as prejudice and discrimination, no housing, inadequate medical services, unequal educational opportunities and many more, manifest themselves on various levels of personal and inter-personal experience. Such social dangers always threaten and often undermine the personality defenses. Ulcers are formed, blood pressures go up, aches and pains abound, family relationships are disrupted, hostility is released, intrapsychic conflicts are projected, hate is displaced and fastened upon innocent scapegoats. There is general hell and misery, and neither man nor society benefits from it."

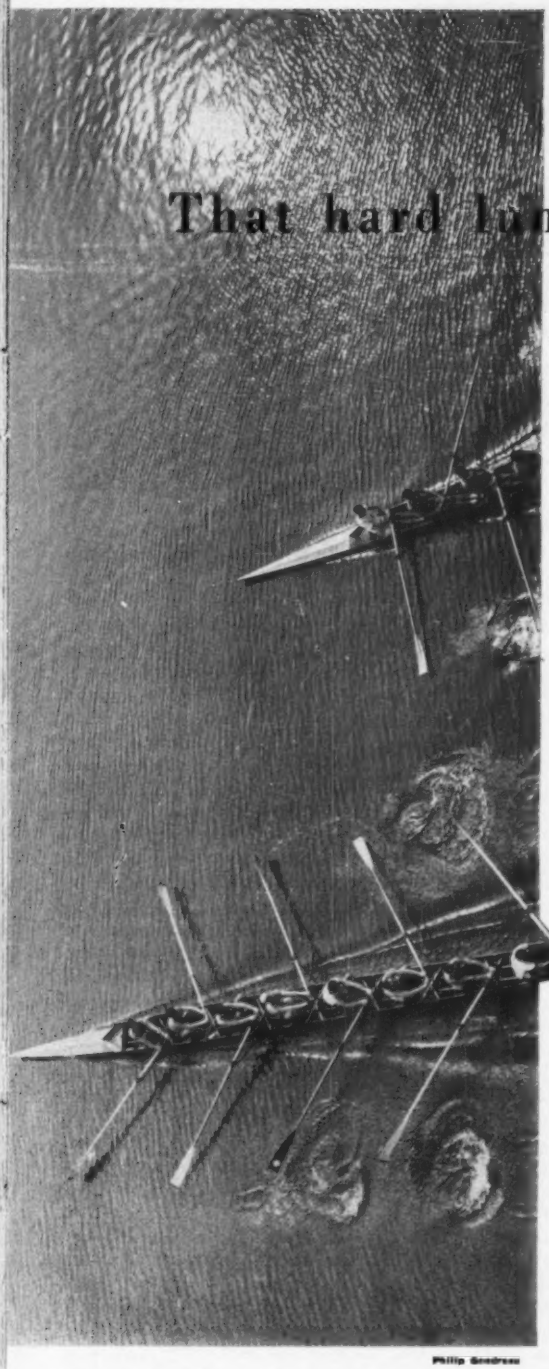
As psychiatrists we have a tremendous responsibility for joining hands with professionals and nonprofessionals for education leading to constructive action. "Such a program has as its objective an informed and active citizenry with a better understanding of human behavior and the social, economic and political setting in which that behavior takes place," Dr. Schreiber adds. "*More specifically, what is wanted is that the men and women of a community have an accurate picture of what their community life really is, how it functions or fails to function, why things are as they are, know what might be done about their problems, decide on a course of constructive action—and carry it out!*"

In conclusion, we may say that the psychiatrist has a number of different roles in the community. He shares with other medical men responsibility for diagnosis and therapy; for research in his particular field and for training psychiatric personnel to carry on the work. He shares with social scientists responsibility for working as a member of multi-disciplinary teams to make practical use of his technical and clinical knowledge in various communal affairs. Finally, he shares with other citizens, professional and nonprofessional, the responsibility for communitywide educational programs which will give all a better understanding of the issues and lead to constructive action.

Not all psychiatrists are, by temperament or training, equipped to participate in all of these activities. Many still limit their activities, as they should, to therapy, or research, or teaching. More and more, however, are devoting more and more time to activities directly related to the welfare of the community.

I would like to end with the optimistic thought expressed at the Third International Congress on Mental Health: Since both human behavior and social institutions are modifiable, we do have "the basis for improving human potentialities and for modifying social institutions for the common good."

That hard lump in your palm



Philip Goodwin

It's practically nothing at all—if you do the right thing, and do it now.

"AHA! I see that you rowed on the crew when you were in college," said the visiting surgeon as we sat at lunch.

"How could you know that, Sherlock?" I demanded. "It was more than 40 years ago."

"When we shook hands I noticed that your little finger was curled in your palm."

"Oh, my Dupuytren's contracture."

"Yes. It's common in oarsmen. It comes on as much as 30 or 40 years after they have given up rowing."

If you are 30 years of age or older, carefully examine the palm of each hand. At the base of the ring or little finger, opposite the fold which palmists call the heart line, you may find a hard lump. If you are in the thirties the chance is about ten per cent, if you are past 40 about 15 per cent, that you will have a puckering of the skin or a small, hard lump there.

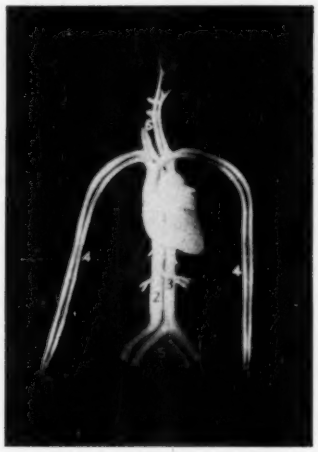
Perhaps you already noticed it when it was no more than the size of a grain of rice or a pea, and have watched its slow, relentless growth. Probably after a few months of wondering what it was, you asked your doctor and he said, "Oh, that's Dupuytren's contracture." Few people have even heard the name unless they have

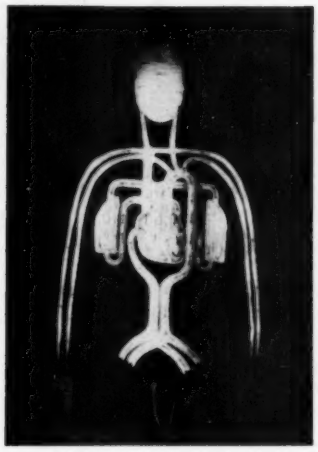
by LUCIUS W. JOHNSON, M. D.

the condition themselves, and those who have it don't talk much about it.

That little puckering of the skin or hard lump is the beginning of a train of events, mostly embarrassing but possibly serious. If you do the right thing, and early enough, you will probably continue to have a useful hand. If you wait too long you will have a permanent deformity and may possibly lose one or more fingers.

In my long-past college days we were taught that this was an occupational disease of cobblers who habitually struck the awl with the palm of the hand, or of sailors who injured their palms frequently while sliding down ropes. But the cobbler of today hardly knows what an awl is, for most of his work is done on a machine. Few sailors climb any ropes in the mechanized ships of today. Yet there is a good deal of evidence that Dupuytren's





The Circulation of the Blood

today's health picture

THESE pictures of the circulation of the blood are from an exhibit at the Museum of Science and Industry in Chicago. The shadow picture on the left shows the distribution and, in a general way, the natural appearance of the heart and the principal blood vessels. On the right is a simplified diagram to explain how all this works. The arrows show how the blood travels through the veins and into the right side of the heart. From there the blood is pumped into the lungs where it takes up oxygen and gives off carbon dioxide accumulated in its trip through the body. From the lungs, it goes back to the left side of the heart and then out through the arteries to all parts of the body where it passes through a network of tiny, microscopic vessels, the capillaries, back into the veins, and so starts the circuit all over again. Life depends on this transportation system which carries food and oxygen to the tissues and waste products away.

contracture is increasing in frequency. And as many cases are seen in those who do no manual work as in laborers.

Writers, editors, scientists and violinists are often afflicted, and I have seen in the Navy more cases in the hands of commissioned officers than in enlisted men. Surgeons are meticulous in the care of their hands. They carefully avoid any rough use which might impair that delicate sense of touch so important to them and to their patients, yet I have seen a surprising number of cases among my surgical colleagues. I would not agree with the visiting surgeon that it is especially common among one-time oarsmen.

"Friend of no man" and "Greatest of surgeons but least of men" were some of the bitter epithets hurled at Guillaume Dupuytren who, in 1831, described this condition. His boyhood of terrible poverty had made him suspicious and overbearing, a strange mixture of hateful and laudable traits. "No trick was too vile for him to use in destroying any who might aspire to rival him," wrote a contemporary. He was the ablest and best trained French surgeon of his day (1777 to 1835) and, for two decades, he was chief surgeon of Hôtel Dieu. Several leading American surgeons were proud to boast that they had studied under him.

Beneath the thick skin of your palm, and loosely attached to it, is a strong sheet of tissue called the palmar fascia. It binds together and protects all the delicate structures that give strength and precision to the hand. The first change in Dupuytren's contracture is a thickening of the fascia at the base of the ring or little finger. This lump becomes firmly attached to the skin, which becomes hard and loses much of its elasticity. Cracks or blisters in the skin may be followed by ulcers which heal slowly. Fibrous bands grow gradually toward the wrist and the fingers, piling up until they stand out as ridges in the palm.

New fibrous tissue has an annoying feature—it always contracts. This shortening soon makes it hard to straighten the fingers. They are pulled down more and more into the palm. Much of the usefulness of the hand is lost and many victims find it embarrassing to shake hands with the fingers curled in the palm. There is real danger also, for the hooked fingers may refuse to let go when caught in a steering wheel or the handle of a streetcar door.

What causes Dupuytren's contracture? We are just as much in the dark as the man for whom it is named. As long as we believed it was due to repeated blows on the palm, everything was clear, but the more we learn the more obscure it becomes. We do know that it is somewhat more common in men than in women and that it seldom appears before the age of 30. Many victims have it in both hands and a few in the feet as well. Heredity has some influence for it has been traced through as many as seven generations. Those afflicted with chronic arthritis seem to be especially subject to the contracture. In brief, its cause is unknown.

Though we are uncertain about its cause, we do know what to do for it. Early operation for removal of the fibrous mass is the answer. Although this is a small operation, it requires the highest skill of the plastic surgeon. Delicate nerves, blood vessels, tendon sheaths and other structures surround the growth. They must be guarded during the operation. If you delay too long, the skin may get so bad that grafting is necessary. In extreme cases, when the patient waited too long, amputation of one or more fingers has been found best.

Therefore, if you find that hard lump growing under the skin of your palm, follow this simple rule. Consult immediately a surgeon who is skilled in plastic surgery of the hand, and follow his advice. Time is of the essence.

This new kind of sling supports the hand about three inches above the elbow. The front edge won't stretch.

Design for a Sling

Here is an easy-to-make functional sling patterned for correct support, comfort and good appearance.

by CLARICE L. SCOTT

A BROKEN arm. A sprain. Bursitis. Any of these may require a sling—perhaps for weeks. Long weeks these can be, too, with the ordinary sling. A square of goods folded and knotted at the back of the neck is not a thing of comfort. It is bulky, inconvenient and, in the summertime, quite warm. Even without a cast or bandages, an arm is heavy enough in a sling to pull the head forward. In a short time this becomes wearisome; it may even cause a crick in your neck. And this emergency sling is untidy for day-after-day wear.

Pictured here is a sling that supports the hand three inches, or thereabouts, above the level of the elbow, as doctors advise. It doesn't sag as the usual sling does. The front edge is cut with the straight of the goods and won't stretch. The bulky fullness of the emergency sling has been removed. The new sling sets smoothly and comfortably under the collar of a dress or shirt.

At the back, this new functional sling has wide supporting straps crossed just below the shoulder blades and pulled well around to the (*Continued on page 56*)

A short piece of elastic forms a comfortable pocket for the elbow without the bulk of the conventional sling.

Miss Scott designs functional clothing for the Bureau of Human Nutrition and Home Economics, U. S. Department of Agriculture.

Wide straps take the weight of arm, bandages and cast off the neck and distribute it evenly across the back.

An airy material, like curtain marquisette, makes the combination of hot weather and a sling easier to bear.

GUARD THOSE BABY TEETH

WATCH YOUR CHILD GROW

by MARION O. LERRIGO

PERHAPS you look on your child's dentist bills as an investment. And then again, perhaps you don't! If you don't, you may be convinced by the experience of parents in New York City, where for 21 years Dr. Harry Strusser has directed the program of dental services and dental health education carried on by the health department's Bureau of Dentistry.

"When our program first began years ago, we were afraid that our clinic facilities would be swamped by those who could not afford to pay for their children's dental care," said Dr. Strusser. "But in 1950-51, when 533,288 school children, or 67 per cent of all those in school, were under dental care, it turned out that private dentists cared for 89 per cent of them, and only 11 per cent went to dental clinics. Most parents can afford dental care when it begins early and is regular enough to prevent serious problems. Children who were in our program years ago are now parents, and take their children to a dentist early. This is one of the most encouraging results of our program."

Improved dental health of the children is, of course, the proof of the pudding. "It is extremely rare now to see a mouth full of cavities, or putrescent, rotting teeth, swollen jaws, or open abscesses," says Dr. Strusser. "These things have passed out of the picture."

To check up on results of the Bureau's program, a survey was made in 1949 to find out the condition of the six year molars among the boys and girls, mostly 13 or 14 years old, in the graduating classes of 40 schools. A typical school was selected from each health district. One school, PS 206, was chosen for a special reason. An outstanding dental health program had been in operation there for eight or nine years, with over 90 per cent of the children having all dental defects corrected, year after year.

"We thought that if a dental health education program is effective anywhere, it must show results in this school," Dr. Strusser explained.

The six year molar is thought to be a pretty good single measure of the dental health of children, because it is the first secondary or permanent tooth to erupt. It is often mistaken for a baby tooth, and consequently neglected. Frequently it decays so badly that it is lost, and this loss is a severe misfortune for the child. This important chewing tooth is often called the keystone of the dental arch, since the other permanent teeth erupt after it and around it. When a child loses a six year molar prematurely, oncoming teeth may erupt in improper positions. The child is deprived of its use in chewing, and must wait until he is about 12 years old for the next chewing molars to erupt.

In the 40 schools surveyed in New York City, the average record for all the schools showed that over ten per cent of the six year molars were missing, but in PS 206 only three per cent were missing. The record for this school also showed much less decay, and many more cavities filled, than the average for all the schools.

Dr. Strusser points out that, although it is not possible to attribute such results entirely to any one factor, other schools of similar economic status, but with less intensive program of dental service and education, did not equal the record of PS 206.

In a leaflet used in the Bureau's dental health education program, parents are advised, "Watch the development of a child's teeth from birth until the twentieth year." Wondering what particular phases of dental growth and development parents should watch most alertly in the early years before the child enters school, I took this question to a dentist whose general practice for over 20 years in one locality has enabled him to watch the progress of his young patients of years ago who have grown up, married, and now bring him children of their own. Although he is head of the Periodontal Clinic of New Rochelle Hospital, Dr. C. Walter Thorpe has never abandoned his interest in and attention to children's dentistry.

"Remember that important things happen in the development of the baby's teeth even before birth," Dr. Thorpe told me. He pointed out that the first signs of tooth structures appear in the latter half of the second month of prenatal life, and that by the time the baby is born, all the teeth except the second and third perma-

Acme

Proper care of those temporary first teeth will save serious dental problems later on.

nent molars have begun their development in the jaw.

The baby usually cuts his first tooth about six or eight months after birth, and, in most children, the last of the baby teeth erupt about the third year. At four years, replacements for all 20 baby teeth, plus the first four molars of the secondary teeth, are well on their way in the jaws with some of the crowns completed.

The ages at which teeth erupt vary a great deal. Some children are a year old before the first tooth erupts, but this is not usually cause for concern. If eruption is much later, the dentist can find out by x-rays whether the teeth are merely slow in coming through the gums, or whether, as rarely happens, the teeth have failed to develop.

It is a little startling to realize how early the baby teeth prepare to come out. The roots of the baby central incisor at the front of the mouth begin to disappear when the youngster is about four years old. By the process of resorption, the roots of all the baby teeth eventually disappear, permitting them to fall out. In this way, room is made for the developing secondary teeth.

Since so much happens to the child's teeth before they erupt, and even before he is born, it seemed in order to ask whether parents, after all, could do very much to influence dental growth and development.

"Since we can't select our grandparents, we can't do much to control our children's heredity, which many scientists consider one of the greater elements in determining the kind of teeth children start with," Dr. Thorpe commented. "There is evidence that the diet of the pregnant mother may affect the health of the child's teeth. Of course, parents do much that influences the child's general health, by providing proper diet, sleep, exercise and so on, thus undoubtedly affecting his teeth, especially during the early growth, since teeth are living organisms and are part of the whole living body. There is a good deal of speculation and scientific investigation going on about these relationships. But there is no speculation about the need for proper care of the baby teeth."

"Why should we take care of the baby teeth when they will fall out anyway?" is one of the questions that parents frequently ask. Aside from the fact that the little child needs the baby teeth to chew his food and assist digestion, these primary teeth play an important role in the development of the sec- (*Continued on page 64*)

Little Homely History

"WE GOT along all right," said Gramps, lustily gumming an apple. "My grandsir lived to be 103 and sound as a nut to the day he died."

"How old was your grandma?" I asked.

"Which one?" said Gramps. "Grandsir outlived three wives and all 16 of his children. It was his last wife that I remember. She was better'n any doctor you could name. Folks sent for her from miles around whenever anybody got sick. She'd just take one look at 'em and tell what was a-ailin' 'em. She didn't make no mistakes neither. When she dosed you for liver complaint, by gollies it was liver complaint that killed you."

I lack more than 40 years of being as old as Gramps but I too can remember when specialists were almost unknown. When the doctor's buggy standing outside a home meant that all home remedies had failed and the family was frightened. A patient sent to the hospital meant that *everything* had failed and the closest relatives began looking over their mourning clothes.

This may not have been true of large cities where a bigger proportion of the populace was becoming cognizant of better ways of caring for the sick. But in small country towns and on the distant farms, tradition and superstition had a strong hold 50 years ago, and that is where my recollection begins.

Without meaning to appear egotistical, I think I am justified in saying that my parents got a real bargain when I was born. Twelve and a half pounds, delivered for $2.50, they tell me. That is considerably cheaper than parcel post rates if one may take heaven as the point of mailing. Even at that, settlement was not entirely in cash; old Dr. Lynn took along a pair of plump fryers in lieu of the half dollar of hard money.

I have questioned the correctness of the weight but have been assured it was toted up on the yard arm scales that Grandma used to weigh the sugar and fruit that went into her preserves and butters. Since they never fell short of perfection, taking most of the prizes at the county fair, I must assume the scales were fairly accurate. A photograph taken four months later bears this out. It shows a long cascading expanse of tucked and embroidered furbelows topped by a wide-open baby face with three chins and curly hair. The curls disappeared at an early age but the threat of the chins is ever with me. The point is, I was a very fat baby and Mama was inordinately proud of the fact. Other mothers looked with envy on my curves and creases for surely all that extra weight meant a super-healthy baby.

Naturally I know nothing of my infancy except by hearsay. My older sister tells me that I was "a very nervous baby." So much so that she was kept out of school for a year to jiggle my baby carriage during the day while I slept; otherwise I raised a whale of a racket. Nights, I presume I slept unjiggled between Mama and Papa on the deep soft feather bed.

This nearly universal sleeping arrangement had its advantages as well as its drawbacks. Baby was close to headquarters when he wanted a midnight snack and there was no barefoot padding to another room to see if crib covers were staying put. On the other hand infants were sometimes crushed or smothered by tired, deep-sleeping parents. Freedom of movement was at a minimum for

For a moment let's forget great men and wars, consider goose grease and camphor, the Mother Hubbard and the dark of the moon.

by **ETHLYN PAIGE GORSLINE**

all concerned and the supply of oxygen surely was not overabundant.

The care and upbringing of babies 50 years ago was both casual and painstaking. Casual in what we now call prophylaxis, painstaking in the minutiae of infinite detail that had to be observed both before and after Baby's arrival. From the time the little black cross failed to make its monthly appearance on her private calendar, Mama was in a "delicate condition." If it was her first experience the relatives and neighbor women really took over. Papa was just a more or less necessary evil whose existence could be justified only by showing a proper amount of concern over Mama.

Stories of the dire effects that would befall the coming offspring if she were to be frightened by animal or person were dinned into her ears. Her slightest craving for strange or unseasonal foods must be satisfied without regard to effort or cost if she was to produce a child unblemished by "strawberry marks" or other disfigurations. This sometimes put considerable strain on husbands.

There was Dwight Clark whose Martha had with each succeeding pregnancy developed a hankering for Malaga grapes along in February. Before frozen food locker days, grapes did not remain on the market in New England that late in the season; so Dwight was hard put. One year, all unbeknown to his wife, he buried a basket of grapes well packed in ground cork under the straw in the ice house. Sure enough, late that winter Martha became picky with her food and her mother cast the usual disapproving looks at Dwight. So, not waiting for the expected request, he dug out his cache. The grapes were in top condition and he bore them triumphantly to the house. Martha took one look at them and burst into tears. It took Dwight ten minutes to get to the bottom of it.

"Grapes, always grapes!" she sobbed. "You never use any imagination. Why didn't you bury a watermelon or a cucumber? Something dainty!"

Food consumption was an important issue. Not so much the kind of food but the quantity. Eating for two was not only the privilege of the expectant mother, it was her duty. This put additional strain on the wardrobe alteration department. None of the garment manufacturers seemed to have considered designing special clothing for the lady-in-waiting trade. It was such a hush-hush topic that probably, had such garments been displayed for sale, the community would have rocked with the shock.

Clothes were not too much of a problem anyway for Mama went out of circulation three or four months before the baby came. It was embarrassing for young couples to meet a woman on the street who evidenced signs of becoming a mother. Gentlemen politely turned their heads and failed to notice such a lady if she was forced to venture out in public.

Resemblance

When I was sick and lay abed,
I was so crabby, Mother said,
"She's not herself," but, yes, I was.
I know myself as no one does,
And more than ever, I can see
When ill, I most resemble me!

G. Gibson

The accepted house dress was called a wrapper or Mother Hubbard. Made of calico with ruffled yoke and plenty of fullness, it was belted at the waist and served its purpose well both before and after need. The tea gown was the luxury feature and was a version of the present day house coat, minus zipper or wrap-around.

The doctor was probably the last one in town to know that a new citizen was on the way. A month or so before the impending event—and Grandma and the aunts had prognosticated the date to the exact quarter of the moon—Papa would drop into his office or stop him somewhere along the road and say, "Better keep the old mare up in the stable next month. We'll be sending for you. We've got Miz Higgenbottom coming but we believe in having top medical care, too."

Prenatal or postnatal care was deemed unnecessary unless complications arose beyond the ability of the midwife to handle. In most cases Grandma or the Miz Higgenbottom in charge had their own methods of insuring the well-being of the new arrival. A plump raisin, split and seeded, then braised on top of the stove was considered by some to be tops as a dressing for the navel. Pumpkin seed tea was pretty sure to be one of the first concoctions to assault Baby's little innards, while catnip and spearmint tea would be his constant solace in time of colic.

Many and weird were the superstitions that surrounded the mystery of birth. My own mother had been "born with a veil," I was told when I was old enough to digest this bit of family history. I immediately envisioned a tiny red faced baby wearing a shimmering bridal veil. Imagine my disillusionment when the veil proved to be a bit of dried and shrivelled skin preserved on a piece of blue cardboard. An Irish midwife had thrust her hand into the flames to rescue it after an unimaginative doctor had thrown it into the stove on the night Mama was born.

I understand that such veils or cauls were much in demand in early times by sailors who believed that the possessor could never drown. I never heard of Mama being importuned by seafaring gentlemen to part with hers but it did give her a certain standing in all things psychic. This amnion or bit of membrane, which sometimes remains on the baby's head at birth, was supposed to indicate that a special gift of divination had been bestowed. Just how much of this Mama really believed is doubtful, for she used her power with tongue in cheek. My sister occasionally brought giggling schoolmates home to have their fortunes read with cards (a procedure strictly forbidden by my Methodist father, not because of the fortunetelling but because of the use of sinful playing cards). Mama sprinkled a lot of good commonsense advice in between the tall dark and handsomes that they came to hear about.

The process of teething was a wide-open field for individual practices. In our neighborhood every baby had some accessory to make tooth-cutting easier. If the family budget could afford it, a string of amber beads was first choice. Worn

(*Continued on page 58*)

Place of Honor

by ADELINE BULLOCK

N. L. Silverstein

WHEN fellow workers at Greystone Park State Hospital in New Jersey learned that Mrs. Forrest Adams had been picked to receive the latest $500 Psychiatric Aide of the Year award, they agreed that "it couldn't have happened to a nicer person."

She was chosen by the National Mental Health Foundation from among 27,500 aides in private and public mental hospitals all over the country.

It was only four years since an advertisement led her to enroll in a one year course for training psychiatric technicians.

"My husband was uneasy at first," she says. "'You don't need a job,' he kept saying. He has his own auto repair shop. But our daughter was grown. I had time and I wanted to try. I felt sure this was for me."

Her first assignment was to a ward of 50 severely disturbed women. "Extremely untidy, aggressively paranoid, destructive and homicidal," the hospital psychiatrist described them. "Sick women, despondent, seemingly nameless, needing kindness and help," Mrs. Adams says. "One third of them were in continuous mechanical restraint. All just sitting . . . waiting . . . for what?"

First she learned each woman's name and called her by it. "That's important—to all people." Then she learned each woman's diagnosis. Only by associating the two could she hope to be of help.

Margaret, hostile, destructive, stirred up constant trou- (*Continued on page 66*)

"Aides," who minister directly to the patients, are a key to hospital care of the mentally ill. Mrs. Forrest Adams is one of many who are improving it.

If you, like the author, have to say that and hate to do so, here's news that may lead you to a great new day.

by GEORGE W. FRANKEL, M. D.

I AM one of a large group, estimated at some four million people in this country, who suffer from borderline impairment of hearing. By this I mean a hearing loss in both ears that is just beyond the normal limitations for comfortable perception of the human voice.

Because my story is typical of the stories of many thousands who suffer this sort of hearing impairment, I shall briefly outline the various phases of my case history. The first intimation that my hearing was not as it should be occurred when I was 18 and a college student. I was able to get along well in my studies and entered medical school without much discomfort.

At the age of 26, after I had received my medical degree, finished my internship and started private practice, I noticed that my hearing impairment was much more pronounced. I was not sure of many words spoken to me by patients and friends. More and more I would apologize for not hearing them, and I began to suffer huge pangs of embarrassment in asking for repeat statements. Although not too annoying, the quiet of the hospitals, the low voices of patients and the hushed tones of visitors began to wear on me. This finally led to a series of consultations with some of the leading specialists in hearing.

After many tests and examinations, it was determined that I was suffering from a condition called "conduction deafness," or failure of air-conducted sounds to reach the inner ear because of an obstruction somewhere between the ear drum and the nerve of hearing in the inner ear. The nerve of hearing was not damaged.

In those days of the middle 1930s, nothing much

"Sorry — I didn't hear you"

could be done about such hearing impairment, and although I was assured that my hearing would never be completely lost, I was advised to learn lipreading and wear a hearing aid.

The hearing aids of 15 years ago were a sight to behold. They were cumbersome and consisted of a large battery pack, usually worn about the body, and a large case to hold the microphone and tubes. They usually used carbon microphones which, unfortunately, had many drawbacks. Sound would fade away when the wearer bent over or leaned back, and many times the sound would cut out entirely. This was due to the fact that the carbon granules in the microphone would not respond to sound waves in any position but vertical. In any other position, the carbon failed to make proper contact with the diaphragm. There was great distortion of sound and the various frequencies were never dependable. The result was harmonic distortion.

Besides this, the entire unit was a definite drag on the body and made the wearer quite uncomfortable. The large battery packs would be strapped on the thigh or held in place around the body by various harnesses. The receiver in the ear was large and the button prominent. Worst of all, the extraneous sounds from the body and clothing rubs and the impure tones made the wearing of a hearing aid the worse of two evils.

Nevertheless, I purchased a hearing aid. In two months, the unit broke down at least six times and I was forced to adjust my clothes innumerable times because of the bulk of the unit. I finally decided to give it up and rely on lipreading and my residual hearing.

As time went on my hearing impairment worsened. Conversation I sometimes heard, sometimes missed and most of the time confused, depending on the resonance and pitch of the speaker's voice. Because of my impairment, I decided to specialize in diseases of the ear, nose and throat. After a period of study in this field, I returned to private practice.

My training made me realize that the medical profession did not as yet have the answers to many of the problems of hearing. There was very little to be done for the sufferer of impaired hearing except for bulky hearing aids, lipreading and fashionable treatments that had no scientific basis and were discarded after lengthy but futile trial.

I continued in practice but the constant strain to hear conversation began to have its effect on me. I became irritable and touchy. Finally a marked personality change came over me. I began to shun my friends. I would hurry through visits with my patients. I was cross with my family. I refused social invitations and began to avoid medical meetings because of my inability to hear the speakers clearly. As a rule, people in my social and professional life did not realize that I had a hearing impairment and soon I was known as a snob who considered himself too good for his neighbors, friends and patients. With those few who were told about my impairment, the results were just as embarrassing. Instead of raising their voices moderately, they would shout and cause great annoyance to those around us, and to me.

I am sure that this story, with a few modifications, is repeated many thousands of times. People with hearing impairment soon become maladjusted in their social, economic and personal life. They are not willing to admit their physical handicap and flounder in a world of guess, guess, guess. As a result they suffer severe personality changes that impose a great burden on their friends and family.

In order to hide their impairment from others they gradually develop a complex that in time becomes difficult for even their dearest friends to bear. They refuse to face the facts or get any help. The very mention of a hearing aid is repulsive to them. They become difficult to live with and indulge in self-pity. They blame all their social and economic ills on others and fail to realize the extreme duress brought upon others—especially their immediate families. They miss trends of conversation and answer stupidly—if at all. Finally, like me, they mumble replies to apparent questions with a silly "well, perhaps" or "uh-huh" or a semi-audible "mmmm." Thus the change is complete and they are living in a half world of blurred sound, guesswork and irresponsibility.

Today, at last, the ever searching men and women of science and research have found an answer for such people. It is not complete, but the advances in this field have been among the greatest in any field. People with impaired hearing may now be considerably helped along the road to social and economic security.

Treatment to alleviate and possibly cure hearing impairment may be medical, surgical or mechanical. The

surgical treatment, most likely to bring permanent restoration of hearing in selected cases is the fenestration operation. It was developed by Dr. Julius Lempert of New York and is now being done by specialists throughout the country. The surgeon creates a small window through which sound waves reach the inner ear and the nerve of hearing. The ideal candidate for this type of surgery has conduction deafness with little or no nerve damage. The surgical risk is negligible and with careful selection of patients, the results are usually good. The chances for retaining the gain in hearing ability are excellent, provided new tissue does not grow over the opening.

The development that I believe is the most important in the field of hearing is the modern hearing aid. This is indeed a far cry from the hearing aid of only a few years ago. Today's hearing aid is a model of precise engineering and acoustics. It is a highly refined instrument made and developed by skilled and well trained engineers and physicists, who have spent many years delving into the secrets of acoustics, electronics and other fields involved in the transmission of pure tones and the normal voice.

The entire hearing aid is now combined into one unit no larger than a package of cigarettes. The microphone is made with sensitive crystals or magnetized metal instead of unreliable carbon granules. This allows clear reproduction after the sound waves have traveled through the hearing aid hook up, been converted to electrical waves and reconverted to sound waves. The crystal is mounted so that the intensity of the sound is the same no matter what the position of the body.

The vacuum tubes used today are indeed wonders of the modern age. They are midget size, and a circuit of only three of these tiny tubes can amplify sound anywhere from a thousand to one million times the original sounds received from the hearing aid microphone.

The earphone, or button, that reconverts the electrical impulses back to sound, has been reduced to about the size of a dime. Yet it is sturdy and—contrary to general impression—the small microphone and receiver, if properly designed, are as good as or better than the larger, older ones, in sound and responses.

The midget size batteries developed recently have a longer active life than the larger batteries in use before. They also maintain their original voltage longer. These batteries may be kept as long as two years without loss of potency.

Many clever variations have been developed to lessen or eliminate background noise caused by the rubbing of clothes. The opening of the microphone is now on the upper border of the aid to prevent direct contact with clothes. Some units now have a two battery control so that a flick of the small switch will bring in a new battery if the one in use suddenly loses its power.

A major development in the modern hearing aid is the elimination of the ear button. This may be brought about by the substitution of a plastic, molded silhouette that is practically invisible as it lies in the outer ear. There is no appreciable weight. This type of unit may be worn by many now wearing the ear button. Each silhouette is individually fitted to the ear so that it is snug and cannot fall out no matter what movements are made with the head or body. It is simple to insert and easy to remove.

Another important factor for the hearing aid user is proper fitting. This should be done by qualified technicians or physicians who specialize in audiology. Refinements in the setting of the frequency and volume controls makes it essential that, for the best performance, each aid should be adjusted for the individual need depending on the hearing frequencies impaired.

When I first put on my new hearing aid I was amazed at the clarity of tone and the effortless ease with which the unit performed. I felt a new joy in living. As days and weeks went by I began to look forward to the company of my family and friends. My fancied fears and phobias soon disappeared as I realized that at last I was on an equal footing with those of normal hearing. My social, personal and economic status has been making a sure climb.

This can happen to anyone who will face the facts. With the great advances in the alleviation and cure of impaired hearing there is no reason for anyone to suffer the degradation and emotional upset that comes from being an antagonistic sufferer of hearing impairment. Consultation with a competent specialist will quickly confirm the benefits of modern treatment, whether it be medical, surgical or mechanical. This step may prove the beginning of a new life for thousands who suffer from impaired hearing.

Infections of the Urinary Tract

by PHILIP R. ROEN, M. D.

Bacteria sometimes invade the kidneys or bladder. This is one of the things your doctor looks for in a urinalysis.

ALMOST everyone is aware of the importance of analysis of the urine. But most people do not understand what it means when the doctor finds pus cells in the urine. Such pus cells are usually discovered when a person consults his physician for what he calls "bladder trouble," or pain over the kidney region. Sometimes a person may himself discover that his urine is cloudy, discolored or malodorous. At times, too, pus or blood cells may be found in the course of a periodic health examination. In order to understand what pus in the urine means, we must know a little bit about the urinary system.

The urinary tract consists of several organs. We normally have two kidneys, one on each side of the back just below the ribs; the kidneys produce the urine. They remove waste products from the blood and dissolve them in water; the result is urine. A narrow tube for draining the urine connects each kidney with the bladder. These tubes are called the ureters.

The bladder itself is a muscular organ which stores the urine temporarily. It can stretch to accommodate eight or ten ounces of urine comfortably. The bladder empties through the outside channel called the urethra. Thus, since the urine formed in the kidneys passes through several important organs, the finding of pus in the urine does not tell us where it originated. Pus in the urine is only a sign of trouble somewhere in the urinary tract, *not* a diagnosis. All parts or only one portion of the urinary system may be involved.

Urinary infection may call attention to itself in various ways. In an acute state there is sudden high fever accompanied by chills. Such acute kidney infections are especially frequent in children, particularly girls, and they may occur during pregnancy.

The chief symptoms of the chronic type of urinary infection are frequency of urination both day and night, often a burning sensation on voiding and possibly backache. There may also be a low persistent fever, weakness, muscle pains and loss of weight. In both the acute and chronic types, pus cells are present in the urine.

To discover the exact source of the pus, a complete urologic study is often necessary. The urine is put on a substance that helps the bacteria multiply; this is culturing the urine. It discloses the type of bacteria. For further study, x-ray pictures are taken after an injection to make the urinary tract show on the film. In addition to showing the condition of the (*Continued on page 62*)

FOUND: *one lost boy*

RALPH stood before us, poorly dressed, unkempt, with a gaucho haircut that made him look like a young gangster. There was an appeal in his eyes that seemed to say, "You and I both know that you, too, don't like me very well." Bill and I welcomed him warmly, this foster boy with the look of utter misery, who was to teach us so much about the vicissitudes of human nature.

A friend had told us about him. He was a ward of the state, temporarily housed in a boys' home while a foster home was sought. The agency to consult was the Department of Mental Hygiene. That didn't mean anything to us, and we did a double take when Mr. B., the social worker on the case, told us that Ralph had been confined in a mental institution.

The state was especially interested in rehabilitating him because of his unusual intelligence, sensitivity and imagination. The very qualities that made him exceptional would make him hard to handle, but only in the atmosphere of a home could he ever become a useful and happy person.

Mr. B. was not concerned about our youth (I was five years and Bill 12 years older than Ralph) or our small house for us and two little boys, with no separate bedroom for the new occupant. He was more interested in our attitudes and abilities as foster parents, and in our motives for wanting Ralph.

Of the boy's background, Mr. B. told us little. The rest we were to learn bit by bit, from Ralph's mother and father and from Ralph himself. Who were the parents of this boy? A slum family? A couple who through some misfortune found themselves physically or financially unable to care for him? Oh, no. Ralph was born into an educated family of comfortable means and established social standing. Were they dead? No. They just didn't want him and, according to the state, they weren't fit to have him.

Ralph's mother and father married young, and never settled down to being parents. The mother frequently told him—and she told us, too, during our one meeting with her—that she nearly died when he was born. She considered him personally responsible for her pain. For a while, when he was tiny, she loved him, but when his precocity began to be evident, she was unable to cope with him. From then on, Ralph was her cross to bear.

The boy's father at least felt the responsibility of supporting his family, and this he did well. Even when Ralph lived with us, his father still footed part of the bill, the state the rest. Ralph's father wrote regularly, but obviously he considered Ralph an impossible case. He told us that he had seen Ralph at the age of two hitting a little girl over the head with a toy shovel—"A girl, mind you! I knew then that he had unnatural instincts." As if every child of two doesn't hit his playmates occasionally, or even regularly!

Ralph's parents had only one thing in common: their complete lack of understanding of their eldest son. By the time he was 12, his party-loving mother had divorced his heavy-drinking father. Ralph suddenly became her darling, her companion, her confidant and advisor. Within a year she remarried and overnight, to his anguish, he became again her cross to bear.

From 14 on, Ralph ran with a pack of boys who had little parental supervision; the mischief makers, the loiterers, the future inmates of our nation's prisons. They were picked up one night and hauled into juvenile court.

For the first time, fate smiled on Ralph. This judge, known for his wise handling of children, methodically investigated each boy's home. He declared Ralph's mother, seldom home, and his stepfather, brutal at times, to be unfit parents. Ralph was made a ward of the state and placed in a foster home with a childless, middle-aged couple. He seemed to fit in quite well. For a boy who had suffered one emotional crisis after another, he outwardly adjusted easily.

One morning the neighbors were alarmed by a shot. They found Ralph unconscious with a jagged bullet wound in his leg, his foster father's gun by his side. No one could have known it, but the boy's entire future was to be colored by that fateful morning.

Ralph was rushed to the hospital. Once conscious and surrounded by questioning officers and physicians, he found he was scared to death. What could he tell them? He had never been understood by anyone, and had no reason to think he would be understood now. Fathered by desperation, mothered by imagination, an abortive story-child of his brain was born.

He told them he had been shot by a hired gunman. He told them he had been pursued for years. He told them he'd been threatened. He told them he'd been followed. And why? His stepfather hated him and wanted him killed.

by PHILIPS WATERBURY

The child's lying, They said. Obviously, They said. No, I'm not, Ralph protested. It's true. Every word of it. He'd better be put under observation, They whispered to each other. Let's call in the Department of Mental Hygiene.

So began Ralph's first confinement in the state mental institution. He was interrogated by the hospital psychiatrists but his story never wavered. The only conclusion they could draw was that he suffered delusions of persecution. A series of shock treatments followed.

Because Ralph was an intelligent boy, and it became obvious that his story would never be believed, and because he knew what they wanted him to say, he admitted that he had lied. After a suitable period of rehabilitation, he was released to the boys' home.

This was the boy who stood hopefully, yet suspiciously, before us that first day. Much to our surprise, he did not at first disrupt our household routine. He put his best foot forward, as any intelligent person would, was polite and helpful. Bill built a special room for him in the garage, with a desk, record player and books. It was just what we would have liked at his age. But he had been alone too much. He preferred to study right in our midst, and sleep on the davenport if necessary; anything except to be pushed away and left alone.

Our past experiences gave us no way to understand Ralph. What we thought he would like, he did not. When we tried not to pry, when we tried not to be strict, we found he *wanted* us to question, and he longed for discipline, for that would prove we cared.

Gradually, we came to dread the dinner hour. After the first few weeks of good behavior, Ralph consistently came home late. Our meals were carefully budgeted and planned; the children were used to a regular schedule. I explained this to Ralph, but, although I didn't realize it then, Ralph wanted me to scold him—wanted me to worry—for no one had ever cared before if he were on time or not.

One night after waiting as long as we could, we sat down to eat. Five minutes later Ralph walked in, took one taste of the meal and declared, "I don't like sheep meat!"

Two sets of little ears pricked up. "Is this sheep meat, mother?"

"It's lamb stew."

"It's sheep meat to me."

"We can't have steak every night. If you don't like this, go fix yourself a peanut butter sandwich." So Ralph stalked out to the kitchen with much ado about making a sandwich. The children watched closely and most of the lamb stew went uneaten that night.

How much misunderstanding would have been avoided if we had known more of his early childhood! We would not have been so annoyed about his aversion to "sheep meat" if we had known five year old Ralph and could have seen him eating his dinner with his nurse beside him, a hairbrush in her hand. When Ralph dawdled, spilled food, or otherwise misbehaved in her eyes, whack!—the hairbrush came snapping down on the young head.

Ralph's basic honesty and high moral standards

For him, it meant a new life; for the couple who took him in, a searching, shocking, wonderful experience.

were our first pleasant surprise. With his unsupervised childhood, it would have seemed natural to us that he might lie, or try to avoid responsibility for his own actions. But quite the opposite was true.

One day he borrowed Bill's wool lumber jacket and left it in a classroom. When he came home that afternoon he spoke right out:

"Bill's jacket was stolen today."

"Why, how did that happen?"

"I left it in English class, and when I went back it was gone. If it's turned in we'll get it back, of course. But I don't think it will be turned in."

"Oh, I'm sure it will. Surely no one would steal that wool jacket."

"Yeah? Well, don't worry about it. I'll buy Bill a new one."

Ralph was right on both counts. The jacket did not turn up, and he found a part-time job to earn enough money to replace it.

Bill and Ralph had become good friends. Ralph was interested in boxing and in working with weights and bars. Bill rigged up a practice bag on the garage door, where Ralph worked out after school every day. When he decided to enter the school boxing contests, Bill was his biggest booster. I waited anxiously at home the night of his first contest. It was midnight before they returned.

"Hail the conquering hero!"

"I wouldn't quite say that," Ralph grinned.

"Why?"

"For one thing, I lost the fight." Ralph did not seem particularly dejected, and I wondered why.

"What have you two been doing all this time?"

"We've been celebrating. Big steak dinner and all that."

Ralph was always amazed by Bill's interest in him. "Can't understand you people," he'd say. "Why should you care for me when my own family never has?"

When Ralph was 13, his father, then in the East, had sent him an expensive bicycle for Christmas. Trouble was always brewing with his mother and stepfather, and one evening Ralph displeased his stepfather inordinately.

"Are you going to do what I tell you?" The argument was reaching a climax.

"No." Ralph wasn't yielding an inch.

"Then, I'm taking this bike and giving it to your brother. You can't defy me and get away with it and you'd better learn that right now."

"Mother, tell him it's my bicycle! My dad gave it to me. Don't let him give away something that's mine."

As usual, she refused to take his part and Ralph's bicycle was given away. Not for the first time, he ran away from home in disgust. He was returned by the police.

Money was not plentiful for our Christmas, but money could not buy the spirit and joy of giving. Gifts made by each of us, thoughtful and useful, much cherished for the time spent in making them, made up the bulk of our packages. Outwardly, Ralph pooh-poohed Christmas as commercial. But he entered into all the preparations, and enjoyed them as much as the rest of us.

As usual, Bill and I stayed up late that Christmas Eve, stuffing each homemade stocking with our inexpensive gifts. Next morning the household came alive with excitement. The children chattered wildly, and ran into Ralph's room taking

him his stocking. He dived deep under the covers.

"Open 'em up," said one.

"Let's see what you got," said the other.

"Go away!" said the muffled voice, and Ralph crawled deeper into the sanctuary of his bed.

I hurried into the kitchen to prepare our Christmas breakfast. When it was ready, Ralph still refused to budge.

"Come on, Ralph, get up," I pleaded. The whole family was standing dazed around his bed, by this time piled high with pillows and extra covers.

"I don't feel well," he said.

"Okay, kids, let him alone, and we'll go ahead and eat our breakfast."

After breakfast when it was time to open the big presents, we again tried to entice Ralph to join us.

"There's a big box out there with your name on it. Looks pretty interesting."

No reply.

"David has a present he especially wants you to see. I think he wrapped it for you himself."

No reply.

We opened our presents, and tried to enjoy them as best we could. Soon it was time to get dressed to go to my parents' for Christmas dinner, where Ralph was also expected. We made one more effort to get him to join in, but it was no use. I burst into tears.

Ralph could remember another Christmas. Two wide-eyed little boys were waiting, with the agonizing impatience known only to children, for their father's return from abroad. He had been gone several months and was due to return, symbolically enough, on Christmas Eve. The children waited breathlessly at the top of the broad Virginia staircase, the lights of the incredible tree, rising from the floor to ceiling, dazzling them. At last the door was flung open. Their father came in, bringing with him shouts of laughter, noise and wonderful grownup presence. The boys called out:

"Daddy! Daddy!" Their father looked up from the brightly lighted lower floor to the two little faces in the second story dimness.

"Why aren't you in bed? Get back in your rooms immediately."

"But Daddy . . ." Their disappointment became audible in tears.

"You heard me. Get going." The children could not have obeyed. They hung on the bannister, but quiet now.

"Get in your rooms!" No movement from the children, only pleading eyes asking to be greeted. He pounded up the stairs. With quick anger, he grabbed them both and, holding Ralph firmly, whipped him with his heavy leather belt. The children were put to bed, and this time they stayed there.

After the disappointment of Christmas, our life again settled into a routine. We had learned that, mental

patient or not, a boy is still a boy, a person is still himself, in spite of emotional or mental disturbances. Ralph acted much like any teen-aged boy, sometimes moody and living in a world of his own, sometimes enthusiastic about school and friends.

He seemed intrigued by guns. With the money he earned at a part-time job, he bought two large expensive books about gunsmithing. He wanted to buy a gun of his own, but we were very opposed to the idea. Mr. B. had informed us that it would violate his probation from the hospital for Ralph to own a gun, or even use one on a target range. We could understand why his interest seemed nearly an obsession to the psychiatrists, but somehow we knew that though extreme, it was not unwholesome and even knew that he would outgrow it. It wasn't until much later that we were to discover the real reason for it.

Another problem was building up. Ralph had never been exactly eager to mow the lawn or do dishes, but now he did nothing. On Mr. B.'s suggestion Ralph and I had a chat after school.

"I don't know why I haven't been doing my chores," he said. "I guess I've just been too busy thinking about other things."

"Do you have any gripes about things here? You know you can tell us about them any time you want to."

"No. I'm sorry if I've been worrying you. It just hadn't occurred to me that I wasn't doing everything I should."

But after supper the dishes were ignored, and Ralph started out to his room to study. It would be much easier to drop the whole matter, but I felt it was up to me to carry it through. I called him back.

"What do you want?"

"What about the dishes, Ralph; have you forgotten?"

"I'll get at them when I'm through studying."

"But that may be midnight."

"What difference does that make?"

"Oh, Ralph; for one thing, it will disturb the rest of us trying to sleep; and for another thing, that just isn't the way to do it. I'll help clear them off."

Ralph started out the door. "I'll do them when I get around to it."

"No, you won't!" I shouted. "I'll do them myself. Never mind doing anything around here to help—it isn't worth it." Ralph turned back.

"Oh, nuts. I'll do them now if you insist." But by now the chore of getting Ralph to do chores seemed more than I could undertake.

"Never mind. You just get out and let me alone." So he left.

The next morning we found a note:

"Dear Folks, I know I've been nothing but trouble for you, and that I'm only upsetting everyone and making a mess of things, as usual. I know you don't like me, but I'll always love you all, even the little monsters, and I'll never forget you. Maybe some day I'll learn to be the kind of person you can like. Love, Ralph."

We felt terrible. Bill, too, had been angry, but it hadn't occurred to either of us that a quarrel would have such serious effects. We hastily called Mr. B. who assured us that he thought Ralph would return. We insisted that if he heard from Ralph first he should convince him that we did like him and wanted him back.

In three days, Ralph was home again. Mr. B. told us that Ralph was unconsciously testing our affection, and perhaps that was so, for never again did he try so desperately to anger us. He seemed, at last, to believe that we had accepted him for what he was.

That wasn't the first time Ralph had run away, but it was the last. He had run away from his mother and father many times, from his mother and stepfather, even from the hospital. But the first time he ran away was the story we remembered most poignantly.

Four year old Ralph was very naughty one day. As a result, he was told to get out of the house. His parents even packed a small bag for him. They intended to teach him a lesson he'd never forget. They succeeded. After he was shoved out the door, the friends who lived near were called and told to refuse him if he came to them. The small boy, even then intelligent and imaginative, at first thought of it as a lark. He walked what seemed to him a long way, and his tiny suitcase grew heavier and heavier. At last he recognized a house and ran with relief to the door.

"Sorry, we don't want you here," he was told. To another house he went, with another refusal. To another, and another, until, as the sun was setting and the sky growing darker, he sat exhausted on an unfamiliar curbing. He began to cry. The trip was no longer a lark. Where could he sleep? What could he eat?

His parents had followed and were watching. When Ralph was sobbing so loudly it attracted attention, they came up to him.

"Mother!" He threw himself at her, but she held him off.

"You see, Ralph?" she said. "Nobody wants such a naughty boy as you. Now you must be very good, or you can't come home with us either."

This is the story of Ralph, turned away by his mother, ignored by his father, beaten by his stepfather, confined in a mental hospital, housed in temporary homes, the best the state could do. Was there a chance for a happy future for him? Was he really incorrigible, born bad, destined to end his life in the state's penal institutions? His mother thought so. Was he a potential homosexual? The Department of Mental Hygiene thought so. Was he a misogynist? His caseworker thought so. Was he a future homicidal maniac, whose abnormal love of guns would send him out in the streets wildly shooting every living thing? The state psychiatrists couldn't be sure!

This was the enigma of Ralph, calm as the center of a hurricane, watching with keen interest the gale swirling about him. For who is to deny that even electric shock treatments are better than being ignored?

These startling opinions we could not share. To us, Ralph was a boy with perhaps more emotional difficulties to overcome than you or I,

(*Continued on page 64*)

Chiller Diller

Those radio programs Junior hears,
Full of sudden death, blood, sweat and tears.
Junior eats them up, hypnotized,
And I eat the cereals advertised!

Thomas Usk

A. Devaney, Inc.

FOOD and HEALTH

by ANNA MAY WILSON

Irritability, Vitamin B and Civilization

It took a lot of civilization to discover that a bit of white powder may have a part in keeping us civil.

THERE are always those who question whether civilization is worth the effort, whether our culture serves much purpose and whether, after all, the contributions of science do amount to so much.

Listen, you Doubting Thomases, when science gets to rolling in a civilized way it does such amazing things that we ordinary folks think we are beholding magic. Let me tell you how scientists discovered that sprinkling a tiny pinch of white powder into each barrel of flour can improve the health of millions of people.

The chemical formula for that powder is $C_{12}H_{18}N_4OSCl_2$. Its proper name is thiamine. You and I call it vitamin B_1. It is the perfect example of how civilized minds of many races, creeds and colors can, by pooling their findings and holding back no secrets, accomplish the magnificent.

In *Lancet*, a British medical journal, Dr. K. Takaki, Director of the Medical Department of the Japanese Navy, told the world all he had learned about beriberi (now known to be the result of vitamin B_1 deficiency).

It was in 1882 that he studied the crews of two training ships that sailed from Japan to New Zealand, South America and Honolulu. On the first ship the men were fed the normal Japanese diet—mostly rice. Of the crew of 276 men, 169 developed the muscle-wasting, leg-paralyzing disease. There were 25 deaths. This was the expected thing at that time, but Dr. Takaki was out to lick it.

On the second ship he added to the daily diet five ounces more of rice, three ounces of vegetables, two ounces of meat and a little condensed milk. There were only 14 cases of beriberi and no deaths. His navy had been relieved of an age-old curse by the simple expedient of changing the diet.

Our story now jumps below the equator and to the year 1897. It was in Java that Dr. C. Eijkmann, a Dutch physician, looked out his hospital window one day and noticed that the chickens kept in the bare hospital yard acted strangely like his beriberi patients. They had been fed on plate-waste from these patients. He took some healthy chickens into his laboratory and fed them a diet made up entirely of clean, polished rice. In about three weeks a paralytic condition resembling beriberi developed. Then, by feeding these birds rice polishings, he could with dramatic swiftness restore them to health.

Dr. Eijkmann's complete and detailed studies were published in the medical journals for any scientist to repeat and verify.

Now the story moves to the Malay Peninsula and the year 1905. Dr. W. Fletcher's observations were made in an insane asylum where the patients had suffered frequent epidemics of beriberi. He proved beyond doubt that no medicine was needed to cure the victims of this disease—all they needed was brown rice in place of the white rice that made up the bulk of their diet in that Oriental land. Dr. Fletcher was convinced that the malady was not due to disease germs but to some missing substance in the diet.

Before long the idea of the existence of nutritional deficiency diseases seemed to be in the air. All over the world scientists were devoting their efforts to finding, "a beriberi-preventing substance," ". . . unknown substances essential to life," ". . . accessory food factors," "specific organic substances occurring in foodstuffs in small quantities and essential to the life of animals" (a neat little definition for vitamins, a word then not yet coined).

A new era in nutritional research was launched—the era of the vitamin.

In France, England, Holland, Japan, the Philippines, the United States—physiologists, chemists, physicians were all contributing their hard-gained information to the common stock pile of human knowledge.

All this was grist for the scientific mind of Dr. R. R. Williams of the Bell Telephone laboratories in New York. After grinding away at the problem for a quarter of a century he at last isolated the substance that cures beriberi and worked out its exact biochemical formula. Then he turned around and made the stuff from scratch by using those chemicals necessary to synthesize the compound. It turned out to be fine white crystals that taste like salted nuts and smell like yeast. This is vitamin B_1, more properly called *(Continued on page 65)*

IF YOU'RE "EXPECTING"

Consider the footnote

A MOTHER in the early months of her first pregnancy may be surprised to learn that the care of her feet should be one of her greatest concerns. Yes, it's true—for careful foot hygiene and proper shoes may mean the difference between a comfortable, happy pregnancy and nine months of backache, fatigue and general misery.

The close connection between foot discomfort and general fatigue has received serious scientific study. An exhaustive survey made recently by the U. S. Department of Labor reveals that foot weariness is a major cause of fatigue and decreased production in industry. Many a weary homemaker will testify to a definite cause-and-effect relationship between tired feet and inefficient housework. These facts have been verified by professional industrial hygienists such as Dr. T. L. Hazlett, medical director of Westinghouse Corporation, and Dr. Hugh L. Brinton in the *Manual of Industrial Hygiene*. Dr. Brinton emphasizes also the part that shoes play in accidents. Too often, he says, women workers wear sandals, bedroom slippers or worn shoes whose thin soles and run-down heels may lead to a stumble or even a serious fall. The wise expectant mother will conserve her energy and protect her safety by taking care of her feet.

There are several reasons why the feet need special attention in this wonderful business of having a baby. Most obvious, they have to support an increasingly heavy load during the months before birth. Given proper care, they will accommodate themselves to their new responsibilities as efficiently as the rest of the body. In some cases, however, they will protest with aches and pains that the mother-to-be cannot afford to ignore. In most instances, this discomfort stems from a temporary relaxation of the skeletal structure of the feet. When this is the case, increased support from orthopedic shoes or special arch-supports may bring complete relief. Such appliances should be fitted by an expert, for incorrectly fitted appliances can aggravate foot complications rather than alleviate them. Happily, these foot problems usually correct themselves with the conclusion of pregnancy and the arch aids may be discarded.

In addition to the increased load the feet must carry, chances are that they will be assigned some extra roadwork during pregnancy. Most doctors agree that walking is the ideal exercise for the expectant mother. Taken in moderate amounts, it develops muscle tone, stimulates the circulation and, best of all, gets the mother out into sunshine and fresh air. However, even short walks make special demands on the feet of a woman who has led a sedentary life. If she neglects those all-important feet, they are going to protest, again in the form of aches, pain and swelling.

A slight swelling of the feet toward the end of the day may not be abnormal late in pregnancy. Such swelling should be gone, however, on arising in the morning. It should *not* be accompanied by swelling of the hands and face; such symptoms are warnings to consult your doctor at once. They can generally be alleviated promptly under his guidance. The end-of-the-day swelling is due to increased pressure on the large veins returning through the pelvis from the feet and legs. Blood has no difficulty flowing down through the arteries to the feet, aided as it is by the force of gravity and the impulse of the heartbeat. This impulse is lost, however, by the time the blood starts its return trip through the veins. This return trip may not be quite so easy, especially when the fetus begins to crowd the pelvis. Elevation of the feet on pillows while sleeping or in brief rest periods during the day will alleviate this normal type of swelling and improve the circulation of the blood in the feet and legs. A pair of shoes a half size larger and perhaps a width wider than usual will increase comfort during this time. It is well to remember the need for this extra room when buying new shoes.

One of the greatest protections for the feet during pregnancy is carefully chosen shoes. The difficulties that result from improperly fitted shoes range from sagging insteps, bunions, corns, calluses and toe deformities to pain in the feet, legs and even lower back. The fatigue and nervousness that result from such local conditions may have devastating effects. The old adage that an ounce of prevention is worth a pound of cure was never more applicable.

The mother-to-be has a special problem when she

by ANNE HOLDEN BRADEN

Hibbs (Monkmeyer)

Pregnancy calls for low heels, and loafers add smartness for everyday wear.

The knotted U-strap and scalloped shell dress them up for an afternoon party.

A wide strap holds shoe firm despite open toes and heels.

Low heels need not take the glamour from a gala evening.

The mother-to-be who ordinarily wears only high heels may want to use wedgies for the gradual descent to flats.

The elastic strap holds this taffeta sandal firmly in place. (For more about the models shown, address Reader Service, *Today's Health*, 535 N. Dearborn, Chicago 10.)

selects her shoe wardrobe. Not only must her shoes be properly fitted, but chances are her doctor will suggest that they be fairly low-heeled. There are two reasons for this. First, low heels with broad bases reduce the danger of turned ankles and falls, serious hazards to the expectant mother. Second, such a shoe minimizes unnatural forward tilting of the pelvis. A certain amount of pelvic tilting is inevitable; as the fetus, uterus and abdomen enlarge, the center of gravity changes and the back is arched abnormally into what physicians call "compensatory lordosis." This abnormal arching of the spine is so characteristic of the expectant mother that it is popularly called the "pride of pregnancy." High heels tend to exaggerate the tilt of the pelvis and to intensify the resultant strain on the muscles of the back.

In summary, then, doctors recommend low heels to reduce strain and to protect their patients from falls. Either reason should be adequate to persuade the expectant mother to follow this advice. A word of warning is in order, however. Anyone who has been wearing high heels all the time will want to make the change gradually. The ligaments

and tendons in the leg may have been shortened by the habitual wearing of high-heeled shoes and a sudden change might result in acute discomfort and strain. In such a case, one should consider "wedgies" for transitional wear. Their broad base gives more support for their height than do conventional heels. They range from dressy pumps to sturdy oxfords so that one should be able to find styles for wear around the clock.

On the other hand, the shoe wardrobe of the average woman probably includes a range of heel heights, for the trend appears to be away from extremely high heels except for dressy occasions. In such a case, the mother-to-be should begin by analyzing the shoes that she already has. The high heels should be laid away "for the duration" and shoes with uneven heels or worn soles repaired before they are assigned to the maternity wardrobe. The expectant mother will be wise if she promptly buys

dressy shoes in line with her doctor's recommendations so she will be free from the temptation to resort to high heels on special occasions.

The woman who expects to look dowdy or unfashionable in her low heels will be pleasantly surprised when she goes shopping for them. Thanks to the demands of style-conscious teen-agers and to the insistence of their more mature sisters with old-lady feet and young-lady tastes, the new low heels are designed in high fashion. Today as never before, shoe manufacturers are cooperating with leading ready-to-wear designers, fabric mills and leather research groups in an exciting effort to coordinate fashions. As a result, featured designs this winter included jewelled velvet, satin and faille to go with these fabrics in party-bound dresses and cocktail suits. Dressmaker touches such as collars and trims of plaid corduroy matched shoes with sportswear "separates." For transition into spring, faille and gabardine shoes will complement their counterparts in ready-to-wear fashions; there will even be shoes in Oxford brown and banker's gray, two new wool flannel colors.

Like the wedgies, low-heeled shoes are at last being made in a range of styles from the most casual to the very dressy. As one manufacturer puts it, they are designed for women who spend a lot of time on their feet and want a sensible yet fashionable shoe. They offer to all wearers a rare combination of smartness and comfort, and to the expectant mother an additional bonus in freedom from the fear of falling and from the distress of strained and aching feet. What is more, her shoes can be the smartest note in her whole costume, a bewitching distraction from her midriff, if she shops wisely.

Finally, the expectant mother will want to practice careful daily foot hygiene. She will protect her feet from infection by promptly treating any cuts or abrasions with a reliable antiseptic. She will be cautious in the use of corn plasters or "corn cures," for practically all of them contain a strong acid capable of destroying sound skin around the corn or callus when improperly used. She will be watchful for athlete's foot, a common fungus infection particularly prevalent in the dark, moist area between the toes. Chiropodists and dermatologists recommend the control of mild cases by scrupulous cleanliness, including daily changes of shoes and stockings, and regular use of a good fungicidal foot powder. If her case does not respond quickly to this treatment, she will report the

problem promptly to her doctor. Such consideration for her feet will pay large dividends at any time, but never more than during pregnancy.

And what about after Baby comes? Thousands of steps lie ahead in the delightful task of filling the needs of the new arrival. They will be joyous, comfortable steps if Mother continues to practice the good foot care she used during pregnancy.

Illustrations by courtesy of Pfeiffer, Sandler of Boston, Viner, Lucerne's and California Cobblers.

A. Devaney, Inc.

BEAUTY and health

by VERONICA LUCEY CONLEY

It's one cosmetic that is used strictly for beauty—and the health hazards are few.

LIPSTICK *for that touch of color*

THE AVERAGE American woman has a greater psychologic dependence on lipstick than on any other purely beautifying cosmetic. Most consistent lipstick users feel not quite ready to appear in public without tinted lips. The importance of this cosmetic to women all over the world was forcibly brought out during World War II. Lipstick was frequently mentioned as ranking high on the "most-missed" list by those whose existence afforded only the barest necessities. Navy nurses evacuated by submarine from Corregidor included a lipstick among the few personal items they took with them.

Why have we become so enslaved to the use of this cosmetic? It certainly is an inconvenience. It stains table napkins, dishes, silverware, and anything else that touches the lips. Under the best conditions, it must be applied at regular intervals particularly after meals. We have a tussle between good manners and good grooming in deciding whether to apply it at the table. To compensate for all of these disadvantages, lipstick must have exceptional usefulness. It does. It often makes a dramatic change in one's appearance. When properly used, it seems to impart a look of vitality and well being. This is particularly true for complexions where pink tones are not dominant or age has made them fade.

Lipstick recently made front page cosmetic news with the announcement of a more indelible product. Actually, the standard lipsticks we have been using are indelible. To give them this property, halogen derivatives of fluorescein are used to stain the lips. There are many problems in the task of increasing the indelibility of a lipstick. At least some of these appear to have been taken care of in the new "more lasting" lipsticks. We

must wait until they have been used longer before we can say how significant the improvements are.

Of greatest concern in indelible lipsticks is the sensitizing potential of the fluorescein dyes. Manufacturers have hesitated to increase their concentration for fear of more frequent allergies. Furthermore, the technical problem of finding an appropriate solvent for the dyes has been a barrier. For this purpose castor oil has been most popular so far. The processes involved in making the new "more lasting" lipsticks are not generally known. This information is vital to the security of the manufacturers in the competitive field. However, some believe that a new solvent is being used which allows more of the dyestuffs to be dissolved. Thus the lipstick has greater staining powers.

Unfavorable reactions caused by lipstick vary from excessive dryness of the lips to the redness, swelling and lesions of an allergy. The dye is often the causative agent although any other ingredient in the lipstick may be responsible. An important point to remember is that once symptoms appear they will continue as long as that lipstick is used. Since all indelible lipsticks contain similar dyes, the lipstick-sensitive person may have no alternative but to use a non-indelible product. These are made by a few specialized firms.

Many of us may be surprised to hear that an allergy can develop even after using a cosmetic for a number of years. Although this does happen, it is more usual for sensitivity to develop about ten days after a new brand is used. Not only conventional lipstick users suffer untoward effects. Drs. Louis Schwartz and Samuel M. Peck in the book "Cosmetic Dermatitis" cite two unusual examples. One illustrates the long recognized stimulating effect of sunlight or even daylight on the sensitizing potential of lipstick. Three men painted as clowns developed severe symptoms after walking the streets on a number of bright sunny days. A second case illustrates that not only users of cosmetics but those who are in the immediate environment may become allergic. One young man was proved by patch tests to be allergic to his sweetheart's lipstick.

Although these health problems do not affect the majority of lipstick users, it is well to keep them in mind. In daily use, this cosmetic is more likely to pose such problems as how should lipstick be applied and what shades are appropriate. It is interesting to note that the new "more lasting" lipsticks include directions for use. These directions are just as applicable to standard lipsticks and will, if followed, increase indelibility considerably. They suggest that the lipstick be applied to dry lips and be allowed to set for a few moments. Then powder carefully and generously. Lightly brush off excess powder and reapply the lipstick with the same care you used the first time. Let the second coat set just like the first, then blot with tissue.

What about lipstick shades? There was a time when one lightly tinted lipstick was all a woman needed, or thought proper. Today an amazingly wide range of lipstick colors has been developed to blend with the surroundings. Not only must we consider skin tones, but also attire, illumination and other factors. For those of us on limited budgets, there are shades that blend with a great many other colors and make it unnecessary to have more than one or two lipsticks. Others who prefer to match lipstick and costume more closely may wish to include a number of shades in their cosmetic kits.

In any event, progress has been made by the cosmetic industry toward providing us with more perfect lipstick. Research is continuing. In the meantime, we can obtain the best results by proper application and careful shade selection.

Crippled Hearts

(*Continued from page 19*)

line began to sit up in bed before the first month had passed. Soon afterward Doctor Boswell permitted her to sit in a chair for a short time. While he kept unceasing watch over her heart action, she was allowed to increase her activity ever so gradually. It was months before we felt safe to turn her loose to play as she liked. Even then, even now, we are careful to guard her against those things which, especially in a child who has had an attack, seem to predispose to rheumatic fever: cold, dampness, wet clothes, wet feet and exhaustion.

Always in our minds is the thought that the first attack of rheumatic fever is not particularly dangerous. Less than five per cent die. But the first attack is frequently not the last —so frequently that the *average duration of life after the first attack is not more than 12 years.*

The damage caused by rheumatic fever does not shock the eye like the crippling left behind when infantile paralysis has passed. We cannot *see* crippled hearts, nor can we visualize the multitude of graves rheumatic fever continues to fill. For it *kills* about as many people in the United States as are attacked by infantile paralysis. One million is a reasonable estimate of the living rheumatic fever victims in the United States. How many crippled hearts!

Jacqueline escaped a crippled heart, but there are other Jacquelines, Marys, Janes, Peters and Johns. Therefore we should know what rheumatic fever is, how it attacks and what we can do about it. Above all, what can we do to prevent it?

The disease has a close relation with infection by the streptococcus, usually of the tonsils, pharynx or sinuses, for it usually accompanies or follows such infections. Under unhygienic conditions it often appears in almost epidemic form associated with these upper respiratory infections. It may attack several in the same home. And the prompt treatment and isolation of streptococcus infections is the most valuable defense against rheumatic fever.

But rheumatic fever is not a plain microbe infection like pneumonia or typhoid fever. Only ten per cent of blood cultures from the acute cases show positive signs of streptococcus. Cultures from the joints are almost never positive. The present feeling is that rheumatic fever is probably a sort of allergic reaction to something produced by the streptococcus.

This reaction affects the joints, the nervous system, the lining of the blood vessels, and it has an especial affinity for the heart valves. But both

the valves and the muscle of the heart are frequently attacked: the valves become rough with vegetative growth; and lumps, called Aschoff nodules, are formed in the heart muscle.

Chorea or Saint Vitus' dance is the common nervous manifestation of rheumatic fever. The twitching spasmodic movements are too common to need description, but the fact that Saint Vitus' dance is associated with rheumatic fever is frequently ignored. It is remarkable how often a mother fails to recognize the symptoms in her own child. Lumps under the skin must be mentioned to complete the classical list of common manifestations of the disease. Their favorite location is under the skin in the neighborhood of the large joints.

The heart is attacked in 71 per cent of all cases of rheumatic fever, chorea appears in 47 per cent, and subcutaneous nodules are found in four per cent.

The best thing to do about rheumatic fever is not to get it and see that your loved ones do not get it. It is interesting and it may be helpful to know that rheumatic fever can be avoided by living in the tropics. Even in the subtropics, like our southern Florida, the disease is most rare.

Victims of chronic streptococcus infections may often use climate to advantage. In the West Indies and Panama one frequently meets people who have been sent down there "to roast out a 'sinus'." Sulfa drugs and penicillin have become our most valuable arms against the streptococcus and should decrease the prevalence of rheumatic fever if (and this is a big if) they are used logically to *supplement* hygienic care and bed rest. But do not expect any help from these drugs against rheumatic fever itself.

In the United States rheumatic fever reaches its climax in the late winter and early spring. A sojourn in the tropics during that part of the year might well be considered for those who have had an attack and whose health has not been completely re-established.

In the temperate zone where most of us live with the streptococcus, we can use the same arms against rheumatic fever as we should use against the common cold: Prevent the invasion, that is, infection; and if invasion occurs, be prepared to destroy the enemy by maintaining effective local defense and a high standard of physical condition, and by the prompt specific treatment now available. There is still no specific treatment for the common cold, but dramatic cures of streptococcus infections are now being made by the use of the sulfa drugs and penicillin.

Every person with a streptococcus infection, even a mild chronic one, like every person with a common cold, is potentially a public enemy. Unfortunately, this fact may not impress the person with the streptococcus infection any more than it usually does the person with the cold. But the former besides being a menace to the health of others is in danger of rheumatic fever and the crippled heart which so often results. That should impress him. Worse, he, himself, has the chance of becoming a victim of a rarer and—before the advent of penicillin—an almost helpless disease, streptococcus endocarditis.

Rheumatic fever does not always make the frank frontal attack described in my daughter's case. It may approach stealthily, gnawing at the heart valves without any more obvious signs than fever, fatigue and malaise which could easily be attributed to a local infection of tonsils, throat or sinuses. And vague pains in the joints may be passed off as "growing pains." *There is no such thing as growing pains.* If such cases are not under proper care from the beginning, it is only when there is an opportunity to examine the heart that the damage is discovered, damage which might have been prevented. The progress of that damage may be stopped or retarded, but it cannot be repaired.

Rheumatic fever should therefore be considered a possibility in all young people not up to par. Nose bleeding, sweating at night, stiffness of the joints, and so-called "growing pains" are suspicious signs when linked with the history of a probable streptococcus infection. The patient may not have rheumatic fever, but these are danger signals of some serious trouble. Rest and prompt medical attention are in order. And while you are trying to convince yourself of that fact, at least do as much as I did in Jacqueline's case, put the youngster to bed and keep him there.

And if you or yours should join the thousands of victims of this disease which cripples hearts, let your watchword be infinite patience. In this a well trained nurse may help to amuse

"Don't know how I got a sore throat. I seldom open my mouth any more."

and interest the little patient with handicraft, games, stamp collections—anything which he can do in bed and later out of bed without overtaxing the heart. The weeks Marcelle and I spent caring for Jacqueline were long, weary weeks. It was hard for us to go on doing the things we knew should be done but for which Jacqueline could see no possible excuse.

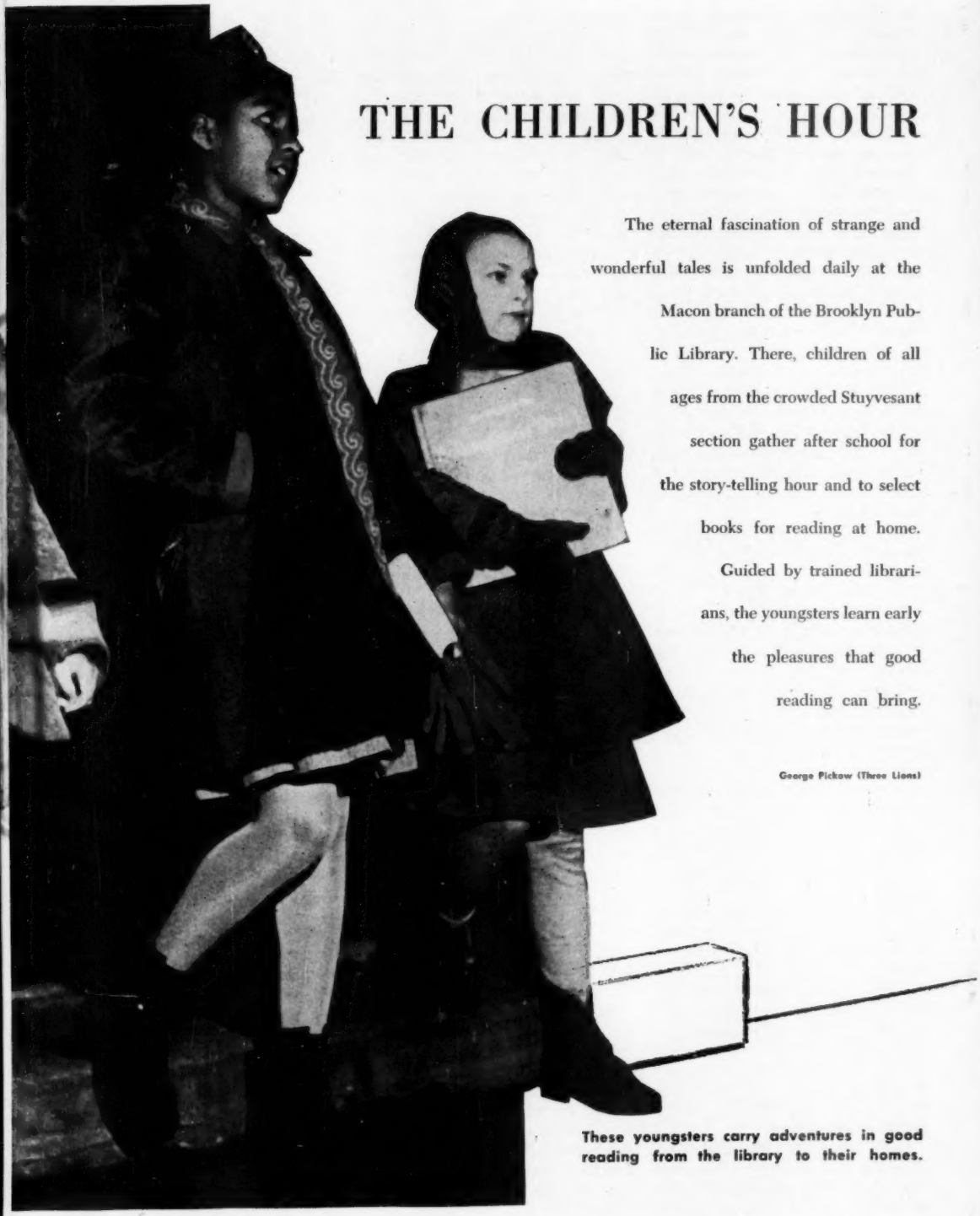
It must be even more difficult for most people to conscientiously carry out orders. They can hardly visualize the patient years after, see that their son or daughter may be saved or lost as a result of their actions. Above all, they have not, as I have, held in their hands little human hearts with the valves all roughened and contracted so that they had no longer been able to pump the blood that little bodies must have.

If the heart crippler visits a dear one of yours, for the love of that one now and of the being that one may or may not become, be patient. When Jacqueline ran to our arms after her tennis tournament, our sacrifice of eight years before seemed so small, yet so all-important.

THE CHILDREN'S HOUR

The eternal fascination of strange and wonderful tales is unfolded daily at the Macon branch of the Brooklyn Public Library. There, children of all ages from the crowded Stuyvesant section gather after school for the story-telling hour and to select books for reading at home. Guided by trained librarians, the youngsters learn early the pleasures that good reading can bring.

George Pickow (Three Lions)



These youngsters carry adventures in good reading from the library to their homes.

With school books tucked under chairs, the children eagerly anticipate the beginning of the day's story.

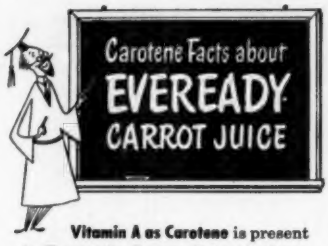
As the librarian reads aloud, young thoughts drift worlds away into delightful vicarious adventures.

The tale takes a whimsical turn that's reflected in the faces of all except one of the entranced listeners.

Illustrations are important in children's literature and the youngsters happily crowd around for a better view.

Two regular visitors linger after the story period has ended, hoping another tale may be forthcoming.

A librarian helps a young reader select a book to be taken home with her from the well stocked shelves.



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IT BREATHES AS IT FEEDS

Design for a Sling

(Continued from page 31)

sides. A belt is stitched over them so they can't slip. This snug-fitting back keeps the weight of your arm from pulling the sling forward and down.

You can make the sling of any firm, soft material—preferably something washable. Cotton twill such as gabardine provides good strong support, and it is comfortable except in very hot weather. Then an open, airy cloth, such as strong curtain marquisette, is a better choice.

One yard of goods—the same amount you would use in an ordinary folded sling—is enough. Get colored material that matches or blends with clothes you ordinarily wear. It will not show soil as readily as white. Reversible material is best because it allows the sling to be folded either way for right or left arms. Otherwise it must be double.

The pattern is easily worked out on a checkerboard base, as in the diagram on this page. First, mark off one inch squares on the paper. Then count spaces and draw the pattern pieces over the squares exactly as shown. Cut out, then check for size. You may need to lengthen or shorten the straps in back, or perhaps the sling itself. Now lay the three pattern pieces on the material with "straight of the goods" lines lengthwise. Cut one of each piece except the straps—you need two of them. Make sure the belt is on a fold, as marked.

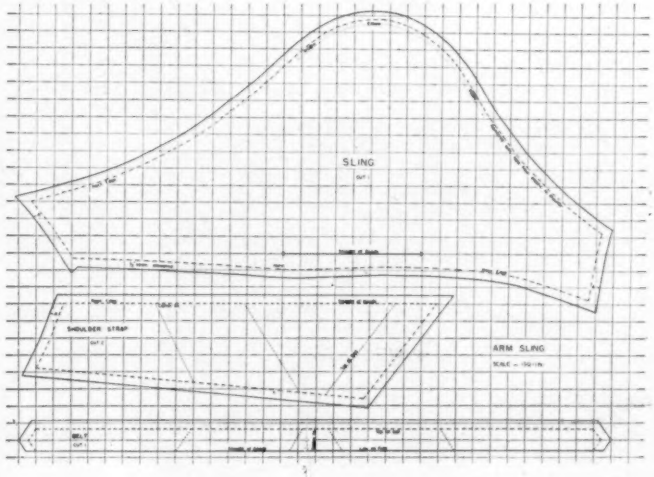
Now, to sew. Join the shoulder seams but remember to make them on opposite sides of the goods since a sling must fold. A try-on will show you. Felled seams have the advantage of extra strength, neatness and comfort.

Stitch along the outside edges of the sling and straps. This guards against stretching and serves as a guide in turning the finishing hem. Make a one-fourth inch hem around the sling and straps; then run another stitching close to the edge except where the elastic goes at the elbow (see diagram). Insert five or six inches of elastic in the hem and tack it firmly at *one* end.

Fold the belt right sides together and stitch along the open edge except at one end. Turn it inside out and finish the open end by turning the raw edges inside and stitching. Finish the belt with one or two snap fasteners—the kind you attach with a hammer.

Now try the sling on. Cross the straps in back and pin them to the under side of the belt so they lie smoothly on the back. Then pin them together where they cross. With the sling in place, make the elbow pocket by pulling the elastic up comfortably and tacking the loose end in place. Finish the sling by stitching the straps together where they cross and to the belt.

This new sling works equally well with either arm. Simply fold one way for the right side, the other way for the left.



THE LONG AUGUST NIGHT WAS HOT—but not as hot as the bitter fighting that raged about Agok, Korea, in the Naktong River area. Sergeant Kouma, serving as tank commander, was covering the withdrawal of infantry units from the front. Discovering that his tank was the only obstacle in the path of an enemy breakthrough, Sergeant Kouma waged a furious

nine-hour battle, running an eight-mile gantlet through enemy lines. He finally withdrew to friendly lines, but not until after his ammunition was exhausted and he had left 250 enemy dead behind him. Even then, although wounded twice, he attempted to resupply his tank and return to the fighting.

"A withdrawing action is not my idea of how Americans should fight," says Ernest Kouma. "If we must fight, let's be strong enough to take the offensive. In fact, *if we're strong enough*, we may not have to fight at all. Because, nowadays, *peace is for the strong.*

"So let's build our strength—to keep a strong America at peace. You can help by buying Defense Bonds—as many as you can afford. It's far less painful to build for peace than to destroy in war. And *peace* is what you're building when you buy Bonds."

M/Sgt. Ernest R. Kouma

Medal of Honor

Remember that when you're buying bonds for national defense, you're also building a personal reserve of cash savings. Remember, too, that if you don't save regularly, you generally don't save at all. So sign up today in the Payroll Savings Plan where you work, or the Bond-A-Month Plan where you bank. For your country's security, and your own, buy United States Defense Bonds now!

Peace is for the strong... Buy U. S. Defense Bonds now!

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A Little Homely History

(Continued from page 36)

around a tiny neck they were sure to give relief and speed nature along to a fine set of chewers. They were just to be worn, mind you, not chewed, and though they necessitated quite an initial outlay, a string of amber lasted indefinitely and might even be passed on to the next generation. Babies in the lower economic levels could get much the same results from a string of Job's-tears, a hard, grayish seed, a little bigger than a pea and shaped like a seashell. These were available in any five and ten cent store, a place where things really cost five and ten cents. Presumably these amulets, or call them what you like, were effective, for eventually all the babies emerged with uppers and lowers whether by courtesy of amber, Job's-tears or plain eruption.

Before teething was complete, mothers had to think of weaning. Here the Old Farmer's Almanac that hung by a cord under the clock shelf was indispensable. That was truly an invaluable publication. For one thing, it foretold the weather, not just by the month but day by day all through the year. You had only to find the zone for your locality to know in the middle of winter for instance that the Fourth of July would be "seasonably hot with possible thunder showers in some portions." It told how many snowstorms could be expected during the winter and this always brought up the debate as to what constitutes a storm. Mama held that any fall of snow that was deep enough to track a cat was a snowstorm; others demanded more for their money.

But the most important function of the Almanac was to determine when babies should be weaned. The first page was devoted exclusively to the picture of a gentleman, inadequately clothed and with his interior uncomfortably exposed. He was surrounded by the signs of the zodiac connected by lines to the various portions of his body over which they were held to have control. It was the generally accepted theory that weaning should take place during a period that would correspond with

a part of the anatomy not likely to be disturbed unduly.

Weaning "in the arms and legs" was the most favored, with the head and bowels considered the most dangerous. Veteran weaners never seemed to come to agreement as to how these signs might affect the weanlings. For instance I have heard Cousin Bret's untimely death from "brain fever" at the age of 49 blamed on Aunt Hepzibah's weaning him "in the head." Yet Joel Simpkins, who was weaned under the same critical sign, became a famous inventor, which was a great consolation to those mothers whose youngsters just couldn't wait till a "safe sign" came along.

Having survived the common pitfalls of infancy, there were the minor ills of childhood to look forward to. Whooping cough was something you went into as a matter of course and whooped your way through with might and main. There were treatments for this but they were apt to be more fanciful than practical. The most fantastic that I recall was applied to Carrie, one of my schoolmates. Advised by an old herb woman, her mother sewed a live fuzzy caterpillar into a cloth sack and hung it by a cord around Carrie's neck. Carrie didn't like it but she could not do anything about it. The caterpillar didn't like it either but he had ways of protesting; he shed his bristles like quills and every one stuck. If counter irritation was what they were after, they got it. Carrie had a patch on her chest that itched like fire and the caterpillar was dismissed from duty, alive but looking sort of moth-eaten. Carrie still whooped.

Those long cold winter months in a New England farmhouse were apt to be fraught with numerous colds. The foundation of the house was banked high with horse manure to keep out floor drafts and with some idea that a certain amount of heat would be generated by the fertilizer. The windows were sealed tight by extra storm windows and ventilation was at a minimum. It is easy to mistake cold air for fresh air, though, remembering the frigid upper bedroom into which I dashed at night after undressing by the downstairs stove, I am inclined to doubt that any normal germ would have felt at all frisky there.

At any rate I spent most winters with my girlish chest padded out to pouter pigeon proportions by layers of absorbent cotton smelling to high heaven of camphor and goosegrease. Mama kept an inexhaustible supply of this commodity and she applied it to both front and back exposures at a sizzling temperature. The cotton went on top to "keep the heat in." As the cold wore itself out, Mama removed the cotton one layer at a time to accustom my sheltered wishbone gradually to a normal amount of protection. Unfortunately by the time the last oily layer was about to be discarded, a new cough usually put me back into the overstuffed upholstery class again.

Goosegrease and camphor were well enough for run of the mill colds but when the deep down coughs began, out came the onions. Pans of sliced onions, the stronger the better, simmered in grease on the back of the kitchen range. Put into cloth bags, they were applied as poultices on the chest area. While one bag cooled on the patient, another was stewing ready to take its place. Mustard plasters that would blister the synthetic hide of a hot dog brought many a probable "lung fever" victim out of his bed and onto his feet literally and in a medical sense. There was a minimum of malingering, as I recall it, for the remedies were so rugged that only sheer necessity would make one submit to them.

Purifying our blood was Mama's major concern every spring. Her mixture of sulfur and molasses was not half as bad as it sounds and the whole family got a dripping tablespoonful night and morning till she was satisfied that our collective blood stream was beyond reproach. There was also a patent blood purifier on the market that cost more, did not taste so good, but had the advantage of giving a jigsaw puzzle for the labels from two bottles. When properly put together this puzzle depicted the factory that put out this life-giving fluid and in the foreground was a snappy buggy, powered by a prancing horse and occupied by a demure damsel with

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hour glass figure and a mustachioed gallant.

But it was the young dandelion greens Mama sent us out to dig as soon as they poked their heads above the thawing ground that really chased old winter out of our vitamin-starved bodies. A big pot of dandelion greens with their slightly bitter tang, cooked with bits of bacon and seasoned with a dollop of cider vinegar made a banquet after a surfeit of potatoes, baked beans, corn bread and pastry.

Our cellar always started out the winter with piles of cabbage, boxes of carrots, beets and turnips packed in sand, barrels of apples and a heap of Hubbard squash. As winter wore on, however, the root vegetables shriveled and finally left the field to the cabbages and squash. This might not have been so bad except that the cabbage was cooked for several hours along with the stew meat until about all it could furnish was roughage. Mama said that cabbage was hard to digest and needed to be well done.

Besides the knowledge of cures and care that Mama had inherited from past generations, she had an ever-ready medical assistant, in a book called "Farm and Household Cyclopedia." This volume covered every variety of problem both on the farm and in the home from "How to construct a privy that is commodious, comfortable and an elegant contribution to the appearance of the farmstead" to the treatment of man, beast and fowl. It also threw in some choice recipes and some crochet instructions for making picture throws and lambrequins.

I have this unique volume before me now, and, as I turn its yellowed pages, I note with surprise that, according to its authors, the chief causes of human demise were all under control some 75 years ago. It lists sure-fire cures for cancer, hydrophobia, consumption, rheumatism and intermittent fever; you even had several choices of treatment but all promised cures "and that quite speedily."

Listening to some of the radio advertising of medical cure-alls, I wonder if perhaps they too have a copy of Mama's Household Cyclopedia. Then as now the greatest damage was done by the sense of false security these quack offers instill. Countless sufferers rely on these worthless nostrums until all hope of relief from reputable remedies or surgery has passed. Even after Pasteur perfected his treatment for rabies, mad dog bites were treated with "mad stones" or a chicken killed quickly and wrapped around the wound, by simple folks who looked with suspicion on "newfangled ideas."

People are still as gullible as their grandparents, it would seem, when they will believe advertising blurbs that assure those afflicted with hardening of the arteries, for instance, that using two bottles of Vita Flush will "purge the arteries of sludge and waste like a good flush cleans and restores a car radiator."

At least Mama's guide book had no ulterior motives in the direction of the pocketbook; the remedies were cheap if ineffective. A stiff neck was disposed of thus: "Wrap the part in black oilcloth with the right-side next the skin. Tie up the neck with a thick handkerchief and within twelve hours the pain will be removed."

Strawberry leaves applied wooly side down, plantain leaves wilted and applied over affected areas, brewed violet roots and red clover blossom tea were among the herbs used as remedies. Nor were they without benefit in cases where their specific properties were called for. Many an old time herb remedy is in medical use today. But the vast new resources opening before the profession constantly make Grandma's herbs seem like playthings. Where she fought blood poisoning with fusions of blood root, the antibiotics step in now with miracle healing. Penicillin and all the other wonder workers that have followed were too far in the future for her to even dream of, much less wait for.

If there was a wonder drug then it must have been saltpeter for it was mentioned time and again in prescriptions for both man and beast. It was used in curing hams and bacon and to cure horses of "epizootic," a quite different type of curing, I presume.

Tuberculosis or consumption, despite the fine promises of "doctor's books" and even the fresh air and good food recommended by reputable physicians, was all too generally fatal; this was due largely to the fact that TB was rarely recognized until its last stages. From the second most frequent cause of death in the United States in 1900, it dropped to seventh place in 1948. Mass x-ray sur-

veys have speeded this decrease by making early diagnosis possible. With early diagnosis and present knowledge, the disease is nearly always curable.

Today one shudders at the blithe manner in which Mama's Cyclopedia dealt with cancer. While only surface types were considered, the violent character of the ingredients to be applied makes it seem probable that the patient as well as the affliction would be "dissolved" as promised. At last, after years of public education by every means possible, people are beginning to realize that a diagnosis of cancer is not a death sentence, that early diagnosis is half the battle and that science is coming closer and closer to victory over that ugliest of human foes.

In 1915, ten of every 100 babies born in this country died before they were a year old; in 1948 only three of each 100 were lost. Thanks to vaccination and all the other "shots" with which modern mothers are familiar, there is no longer the constant terror of diphtheria, the strangler, smallpox, the disfigurer, and all the other childhood death traps that my mother knew.

Mothers also share an increased measure of safety as they bring their babies into the world. Because of better understanding of the hazards of pregnancy and childbirth and the use of penicillin to cut infection, and blood plasma to offset shock, 1948 (the latest year with complete figures) saw the lowest record in mother mortality this country had ever had.

Fifty years ago medical attention was focused on curing disease. Necessary and important as that is, the present movement to *prevent* disease is better. School nurses that help squelch an epidemic before it starts and the health education that is a part of nearly all school programs are safeguards along the way.

Nor does all this advance apply only to city families. Rural areas are benefiting from strategically placed hospitals. Farm Bureaus work together with the National Committee on Rural Health of the American Medical Association in encouraging young men and women from outlying districts to train as doctors and nurses and to return to their own communities to establish medical services there.

When we listen to Gramp's tales of the "good old days" when everyone was healthy and an appendix was something you found at the back of a book, let's remember to look for the final verdict in the older sections of the cemeteries. The tiny tombstones that cluster in the family plots; the "Beloved Wife" who died in childbirth and sleeps beside the Beloved Second and Third Wife of the sturdy old patriarch who went to his reward at 96. If they weathered the exigencies of the life of that time till they were 60, chances were good for another quarter of a century, for only a cast iron constitution could have carried them that far.

I take off my hat to those women on the farms and faraway homesteads who took what remedies they had and made the most of them. And to the country doctor who had to contend not only with the disease but with the remedies that had been used before he was called. But I am thankful that I live in an age of scientists and specialists and wonder drugs other than saltpeter; in an age when our youngest grandchild cost his parents $300 C.O.D. against old Dr. Lynn's $2.50. I think he was worth it. By all statistics he has 20 more years of life to look forward to than I did, and his chances of reaching a venerable and happy old age "sound as a nut" grow better every day.

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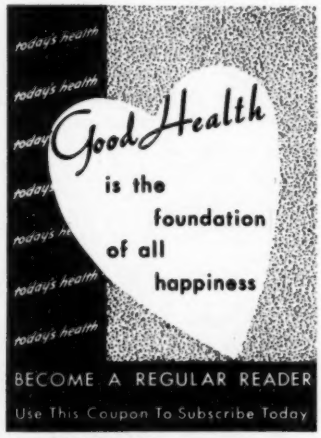

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Infections of the Urinary Tract

(Continued from page 41)

kidneys and the rest of the urinary tract, the x-rays reveal any urinary stones. When necessary, the interior of the bladder may be examined through a delicate periscope-like instrument called the cystoscope. This instrument is also used to pass tubes to the kidneys to collect separate urine specimens from each kidney for further study. The doctor can then determine the type of bacteria present, and whether both kidneys or only one is involved. He can also tell whether each kidney is functioning properly.

In the majority of cases, the causative bacteria are the same as those found in the intestine or bowel; about 80 per cent of all urinary infections are caused by these colon bacilli. Other organisms that are often present in the urine are streptococci and staphylococci, the same germs that cause infections of the teeth, tonsils and sinuses. Germs from bacterial complications of common respiratory infection such as colds or influenza may infect the kidneys. Tuberculosis bacteria are sometimes transmitted to the kidneys by the blood stream, causing an especially serious problem. Often the person may be entirely unaware of previous tuberculous infection. When tuberculosis of the urinary tract is suspected, special cultures are made to find the tubercle bacilli.

Certain factors make us more susceptible to infection of the urinary tract. Improper drainage is the most important. Where obstruction to the easy outflow of urine is present, stagnant pools are formed in the kidney or bladder, and act as excellent breeding places for bacteria. Stones in the urinary tract also favor the onset of infection. Urinary infections are essentially the same in men, women and children. In most young children, however, the basic cause of such infection is improper development of the urinary tract before birth. This improper development makes both the kidneys and lower urinary tract easy prey to bacterial infection. Many children with this ailment die in infancy or childhood. Only early complete urologic investigation will help save such afflicted children.

Urinary infections must be differentiated from another ailment of the kidneys, called nephritis. It is a special type of inflammation of the kidneys themselves that sometimes follows streptococcal infections of the throat or an attack of scarlet fever. It always attacks both kidneys, but does not affect either the ureters or the bladder. There is no bacterial infection or pus but urinalysis will show albumin in the urine. We do not know the exact cause of nephritis. But we *can* be certain of the exact cause of bacterial infections of the urinary system.

It is extremely important to point out that, when pus is found in the urine and the kidneys are infected, self-treatment should be avoided. The various advertised nostrums and patent medicines such as "kidney

Technical Ticklers

Here's a pleasant way to test yourself on words and meanings . . . just to let you learn privately whether you know things you should know. The following questions are based on information in this issue of *Today's Health*. Turn to page 64 for the answers.

1. What is considered the most satisfactory method of artificial respiration?
2. What is the best way to make two children alike?
3. What is one of the most important factors in urinary tract infection?
4. What is the substance being put in drinking water to reduce dental decay?
5. How many children and young adults die of rheumatic fever each year in the United States?
6. The disease beriberi is due to lack of what vitamin?
7. What is often the causative agent in lipstick allergy?

pills for weak kidneys and bladders" are dangerous because they delay proper treatment. The kidneys normally do not require any stimulant diuretics; these mixtures are costly and ineffective. Drugs for infection of the urinary tract should be taken only when prescribed by a physician who has examined his patient thoroughly. Treatment will depend on the location and the type of infection. One or both kidneys may be involved, or the infection may be confined solely to the bladder. Developmental abnormalities and urinary obstructions must be detected and evaluated. Accurate diagnosis can be made in almost every case.

If the physician decides to use sulfa drugs in treatment, the dosage and management must be strictly supervised by him because many people are sensitive to these drugs, and unpleasant reactions as well as danger to life may result. However, their use under proper guidance will often overcome the infection. In suitable cases, the physician may give penicillin by injection. The only medication available at present to combat tuberculosis of the urinary tract is streptomycin. In most patients, it must be combined with surgery to assure success.

Recently certain other medications, the antibiotics aureomycin, chloromycetin and terramycin, have been found effective in overcoming many infections of the urinary tract. And there is the promise of newer and possibly more effective drugs to come.

The use of these medicines in the treatment of urinary infections is not the entire story however. Any obstruction to the normal outflow of urine must be overcome to prevent continued stagnation of urine. Normal drainage may have to be accomplished through cystoscopic means, as when the physician stretches a narrowed uterer. Surgery may be required to remove a stone or other obstruction or a badly infected kidney.

Don't be alarmed if a kidney must be removed, provided the remaining kidney is normal. Nature has been provident in supplying us with an abundance of kidney tissue, and one kidney can do the work of two. Where one healthy kidney remains, life expectancy is not altered in the least.

With the proper application, then, of the indicated drugs and surgery, infection of the urinary system may be overcome. Final examination of the urine should be made to verify the complete eradication of infection. In order to prevent a recurrence, it is sometimes necessary to treat adjacent or remote foci of infection such as the intestines, teeth or tonsils.

It can be seen, therefore, that the finding of pus cells in the urine usually indicates the presence of a urinary infection which will require considerable search and treatment. Only a physician is competent to deal with such a problem; he should be consulted as soon as possible after the symptoms are noted. By attacking the problem early, permanent damage to the kidneys may be avoided.

You will be wise to follow these general rules to protect your kidneys: drink ample fluids, eat in moderation, avoid constipation, and have a periodic health examination including a urinalysis.

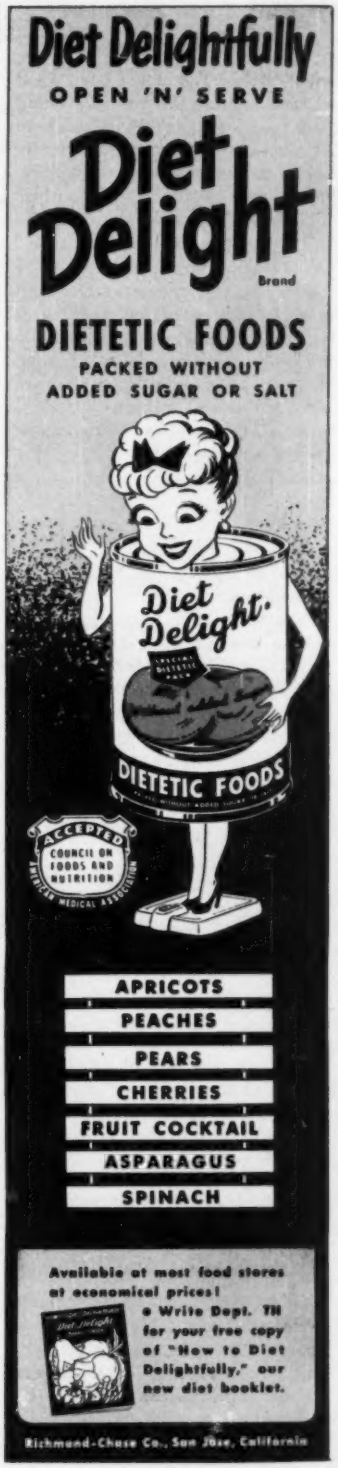
Can You Afford to Hate?

(*Continued from page 17*)

ting them without making him feel that he himself is worthless and beyond redemption.

Hatred, if properly directed, can be a cleansing force. It is well to hate poverty, disease, injustice, bloodshed, ignorance and exploitation. If we did not, the world would never progress very far. If we use our pent-up hatreds fighting conditions like these, those hatreds will not harm us. They will find the best possible constructive outlet in making the world happier and better and in making us happier, better and more mature.

Can you afford to hate? Certainly you cannot afford to hate unwisely. Whenever you are tempted to hate your fellow human beings, remember, "Let him who is without sin cast the first stone." Then get busy and hate the evils in the world that need correcting—and hate them enough to help correct them.



Guard Those Baby Teeth

(*Continued from page 33*)

ondary teeth. The child's jaws, sized to accommodate 20 primary teeth, must grow considerably before there is room for 32 secondary teeth. Chewing gives the jaws needed exercise, and provides an important stimulus to their growth.

"If a baby tooth is lost too soon," Dr. Thorpe explained, "the entire sequence of the growth of the teeth may be interrupted, and abnormalities necessitating future straightening may occur needlessly." He cited an example of what might happen when a three to five year old child loses a second baby molar. These teeth usually erupt when the youngster is about two years old. If one of them is lost between three and five, there is no tooth to the rear of it to serve as an anchor for an appliance to hold the space open. When the six year molar does erupt, it may drift forward into the open space, narrowing the room available for the second permanent bicuspid which should take the place of this baby molar. Thus the second bicuspid is prevented from coming into normal position.

In children's teeth, the pulp is larger than in adults' teeth, and the distance through the enamel and the dentine to the pulp is shorter, so decay does not have so far to travel to reach the pulp. This makes it essential for decay to be found and corrected immediately.

Some dentists recommend two and a half years as the age when children should begin making trips to the dentist's office, but it is easier to gain the child's confidence and to explain everything that is done when he is three and a half. The frequency of visits should depend on the child's susceptibility to tooth decay, which varies from child to child. X-ray pictures made on successive visits, combined with the dentist's clinical observations, show whether the child needs to see the dentist every three, four or six months. Most children must go every three or four months.

Unfortunately, Mother Nature does not provide every child with perfect teeth. Many dental defects are the result of the failure of the enamel layer to unite perfectly in the grooves in the chewing surfaces while teeth are being formed. In fact, this defect occurs in a large majority of children, leaving crevices that are large enough to harbor food and germs. Dentists can remedy this condition by cutting out decay and filling these areas before severe damage is done.

For the greatest protection, the child's teeth should be brushed immediately after eating anything. Often this is not practical, but usually the child can rinse his mouth with water after eating. Children should brush their teeth at least twice a day. Many children can learn to brush their teeth when they are about two years old or so, although boys are likely to be somewhat later than girls in developing the necessary wrist rotation. Because the little child's gums are tender, especially when teeth are erupting, he may use a soft toothbrush more willingly than a stiff one. A soft nylon brush is now on the market that is comfortable for a child to use.

"Watch your child's teeth from birth until the twentieth year," advises the leaflet. But guard those baby teeth especially, for dental care may be even more important for them than for the permanent teeth.

Found: One Lost Boy

(*Continued from page 45*)

but with the ability to solve his problem. For in the long run, each has to make his own future.

The state helped enormously. Ralph had as good psychiatric care as a child of wealthy parents. He may never be the happy, self-assured person that one with a different background might become, but he has a good chance to become a conscientious citizen, a good husband and father, and to make a successful life for himself. He would never have been able to overcome his emotional hindrances in an institution. Living in a home, even a foster home, he started to learn to live in the world.

Today, Ralph is proving his potentialities. He joined the Navy after he left high school and made top honors in boot camp. He won the American Spirit of Honor medal, "For shining example," and got a good assignment after boot camp. Then his mental hospital record was uncovered and he was discharged. Even this disappointment failed to stop him. He went to work, earned enough money to buy his own clothes and books, and started college.

He is working hard at educating himself, determined to make the most of his limited possibilities. He has to face the disheartening fact that every important step in his life will be colored by prejudice because he was once a mental patient. Will he be able to marry the girl of his choice, or will she turn him down when she learns of his past? Will he be accepted on the staff of a university when he obtains his master's degree, or will they make excuses, their reasons none too well concealed, for turning him down? He cannot fight this prejudice alone, but must accept it and try not to care too much.

Recently we met his father for the first time. During our conversation he told us this revealing story:

"One time when Ralph was ten, I took him with me and some of my friends to a target range. You know, it was the darnedest thing—he outshot all the rest of us. First time he'd ever had a gun in his hand. Can't understand how he could do so well. It was really remarkable to see that kid—who never had been good at anything, you know—hitting those targets time after time.

"We were terribly impressed . . ."

Answers to Technical Ticklers

(*See page 62*)

1. The back pressure—arm lift method. ("First Aid," page 23.)
2. Nothing will accomplish this. ("No Two Are Alike," page 68.)
3. Lack of proper drainage. ("Infections of the Urinary Tract," page 41.)
4. Fluoride salt. ("Fluorides and Teeth," page 20.)
5. Six to seven thousand. ("Crippled Hearts," page 18.)
6. Vitamin B_1. ("Irritability, Vitamin B and Civilization," page 46.)
7. The dye. ("Lipstick—for that Touch of Color," page 51.)

Irritability, Vitamin B and Civilization

(*Continued from page 47*)

thiamine. This is the pinch of powder we put into white flour.

What does this have to do with telephones? Why, nothing at all. It just goes to show what can happen when civilized minds have free run of the accumulated scientific knowledge of the world. There must be *no* barricade to prevent the communication of such intelligence.

But how has this knowledge benefited you and me? I've never seen anyone with beriberi. What's all the excitement about?

Well, for one thing, we have reasons to believe that every part of our body needs thiamine in order to burn up the sugar we keep feeding ourselves. If our diet does not include enough thiamine to do this, we may experience such things as "slight mental depression, diminution of working efficiency, and some decline of cooperativeness with traces of an attitude of irritability."

We have scientific reasons to believe that a moderately short supply of thiamine can cause lack of growth in children, loss of appetite, lack of tone in the digestive system, neuritis, and such a list of other symptoms that it was a bit embarrassing to the men doing the research—they who had so often scoffed at cure-alls.

Well, then how are we to get this health-improving vitamin into our diet?

By eating the basic seven foods, green and yellow vegetables, potatoes and other vegetables and fruits, milk and milk products, meat, poultry, fish and eggs, enriched or whole grain bread, flour and cereal.

One nice thing about thiamine is that it is distributed in small quantities in nearly all our food. In a varied diet these small quantities add up to a nice figure. But if you eat too many of your calories as sugar (with no thiamine), *unenriched* flour and *unenriched* refined cereal, then the thiamine present in the other foods you eat may not add up to enough to keep you acting civilized. And civilization is so much better than magic.

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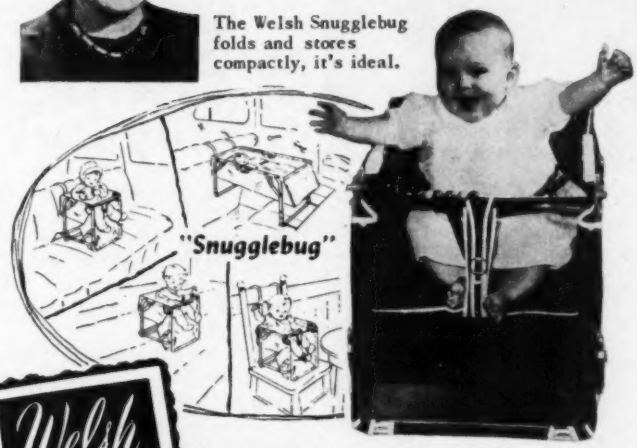

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Place of Honor

(*Continued from page 37*)

ble in the ward. She broke glass, tore her clothes, spit on other patients. Mrs. Adams' classroom notes said that patients with Margaret's illness often resort to "unsocial" behavior to get attention. They have never learned the usual ways of getting it. They need kindness, patience and guidance.

That wasn't easy when 49 others needed care. But, with a plan of action, she made every contact with Margaret count. First she had to win her over. Margaret's hair was stringy and unattractive. The aide gave her a home permanent. When Margaret saw herself she smiled for the first time.

Gradually, Mrs. Adams enlisted Margaret's help in little chores about the ward. She granted small privileges as Margaret earned them. One day Margaret actually *asked* if she could help fold laundry, in itself an important indication. When Mrs. Adams showed her how, she cried with joy. "No one ever bothered with me before," she said. "No one took the time—or cared." That may have been a turning point, for Margaret improved steadily, and eventually she was discharged.

Forrest Adams taught school in her native Georgia before she went North with her husband in 1928. She's always been a worker—in civic, school, church and community activities. She's still a worker, outside and in committees, as vice president of the Psychiatric Technicians Association. But though she has helped to improve the training and status of aides, her first devotion is to her patients.

"Within a short time after Mrs. Adams arrived, patients were out of restraints," says Dr. Archie Crandall, hospital superintendent. Preventing the "need" for them is Mrs. Adams' secret. "There are always warning signs of trouble," she says. "Our job is to see them." Some diversion and a quiet room, away from the noise and aggravations of the ward, are often all that's needed.

Jennie, for example, was taken to a quiet room when she began pacing the floor and crying. Pencil and paper were given to her—to draw pictures, scribble, anything at all to keep her busy. Jennie wrote a letter to her husband—"I want home." There were things she wanted, too—little fussy female things. Mrs. Adams got them for her. Jennie relaxed and gave no further trouble.

"Mrs. Adams takes a personal interest above the requirement of her position," says Dr. Crandall:

Colorful curtains at her ward windows to make things home-like.

Calisthenics, sewing, permanents, cosmetics—planned to keep the women busy, happy.

Birthday parties for each one, with ice cream, cake and soda pop—favors to be treasured. Games and music, with the help of the recreation department and occupational therapists.

The patient dining room, out of the ward with potted plants on every table and gay plastic dishes instead of battered tin plates—a place to go, three times a day, for these closely confined women.

It is this kind of simple, thoughtful, human quality that the National Association for Mental Health hopes to find, when its members make the annual search for a recipient for the award. The record of Forrest Adams, first woman to become Aide of the Year, proves, without a doubt, that they have found it.

If You Move

Please notify us at least six weeks before you change address. Your copy of TODAY'S HEALTH is addressed many days in advance of publication date. *Please send your old address together with the new, preferably clipping name and old address from last copy received.* Copies that have been mailed to old address will not be forwarded by the Post Office unless forwarding postage is guaranteed by the subscriber. Be sure to get your copies promptly by notifying us *six weeks in advance*. Send your change of address to:

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Spare Parts for Human Beings

(*Continued from page 25*)

patient's ego and festering in the psyche unless some harmless cosmetic work is done.

Like the 70 year old retired minister who gave up a cancerous nose to save his life, and then hid in a hotel room until his wife, fearing for his sanity, got him to "sit" for a cosmetic nose. Now he's making visits to the sick and aged as before.

And the disfigured taxi driver who had been shot through the face in a hold-up. The scarred face was so revolting that people shied away from his cab. Cosmetic prosthesis put him in business again.

Or the farmer who chopped off a finger joint in a mower and never wanted to run the machine again. A cosmetic finger tip cured him so that even when he smashed his cosmetic finger, the fear was gone.

Sometimes the prosthesis is temporary, and after the patient has worn it for a while, cosmetic surgery can rebuild the missing part. Some day, some 15 years hence, when Jimmy's face has reached full growth, a surgeon will graft some bone, possibly from his fingers or toes, possibly from his rib, possibly from a bone bank. Subsequently he will cover the graft with flesh and skin. And cosmetic surgeons will carve a permanent new nose for Jimmy. To do that now would be painful and very temporary, for Jimmy's face is growing. So a prosthetic nose is the best answer to keep him happy.

Does it work? Say, listen—

Two weeks after Jimmy walked out of the Clinic with his precious two noses—one on his face and the other in his mother's pocketbook—he was back. But he was no longer shy. He burst in and went down the corridor in two swoops on the slippery floor. His noses were gone—one legitimately, perhaps, the other probably traded for small-boy treasures. And full of bounce? They couldn't keep his feet on the floor!

One nurse sighed, "It's all we can do to keep him out of the chandelier." Then, wistfully, "Of course, I wouldn't want to see him the listless creature he was before. But I do wish there were a happy medium!"

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by ELIZABETH B. HURLOCK, Ph. D.

No Two Are Alike

THERE is no such thing as children alike as peas in a pod. All children are different, both physically and psychologically. They are born that way and they become increasingly different as time goes on because they react differently to their environment. Even identical twins, who develop from the same fertilized egg cell, show differences as well as similarities, for the environment of no two children is exactly the same.

The significance of the fact that all children are different is far-reaching. It means, among other things, that:

1. You cannot eliminate differences and make all children fit one pattern no matter how hard you try, no matter how similar the training you give them. Any attempt to standardize your child will meet with failure and play havoc with his personality.

2. You cannot expect all children to respond in the same way to the same treatment. Your son may love to be babied and cuddled; while your daughter may seem cold as the proverbial iceberg. Appeal to one child's pride may be all that is necessary to persuade him to abandon some infantile form of behavior while, to another child, the same appeal may fall on deaf ears.

3. You cannot expect a younger brother or sister to follow in the footsteps of an older child in behavior, interests or points of view. Don't be surprised if the toys and stories your older child loved have no appeal for your younger children, if your younger children are harder to manage than your first-born, or if their points of view are just as far apart as the poles. Being children of the same parents will not guarantee similarity of interests any more than it will guarantee similarity of appearance.

4. You cannot expect all children to grow at the same rate, to mature at the same age, or to put away childish things at the same time. Nature sets the pattern for the physical and mental growth of each individual. While this pattern is similar in its broader aspects for most children, there are deviations in its different areas which will appear in the children of the same family just as among children who have no blood relationship. Don't allow pressures from relatives, friends and neighbors to make you try to change your child's pattern of development to suit what they tell you is the "right" pattern.

5. You should not be concerned if one of your children falls below the norm for his age in either physical or mental growth as these terms are given in books on child growth. And don't jump to the conclusion that something is wrong with your child or that being different is a sure sign that he is dull. Norms are simply averages based on a large sampling of the population. They are meant to give parents a general picture of what to expect, but not hard and fast rules of what any specific child should be.

You should consider doing the following:

1. Treat each child as an individual. Respect his individuality in such simple things as toys, clothes and room decorations. When he is older, accept his choice of friends, school subjects, life career and mate. Let him have an opportunity to express his interests and ambitions, just as you do.

2. Encourage all the children in your family to respect the individuality of each member. Don't tolerate criticism and ridicule of one child just because he thinks and acts differently from the rest. If you teach each child to live and let live, you can eliminate many of the jealousies and much of the quarreling that plague parents.

3. Respect and love your child for what he is even if he does not come up to your hopes and ambitions. Never let him sense that you think he is "peculiar," and try to understand within yourself that it is not peculiar to be different. Give him the security that comes from your respect for his individuality so that he can be self confident. Should you show concern, he is likely to draw the conclusion that there is something wrong with him. This will lead

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On this page each month you will find a discussion of some significant phase of child development, from infancy through adolescence, with practical answers for specific problems. Address your questions to Elizabeth B. Hurlock, Ph.D., c/o TODAY'S HEALTH, 535 North Dearborn Street, Chicago 10.

to loss of self confidence and feelings of personal inadequacy.

4. Remember that individuality makes people interesting and adds a spice to life. The "yes-man" type, who is afraid to be different and who suffers great mental anguish when he finds that he is different, is made such by parents and relatives who have tried to force him into a mold. When they discovered that this could not be done, they treated him as a freak and made him feel inferior.

5. Encourage your child to develop his potentialities to their maximum, even though it makes him different from you or from other children. Remember you cannot train out of a person what his hereditary endowment has given him. Instead, give him the necessary motivation to develop his own individuality, for isn't that what you really want him to do?

Questions

DESTRUCTIVENESS. When my 2 year old niece comes to my house, she grabs everything she can get her hands on. I have found the most effective method is simply to put everything possible out of her reach or to take from her what she should not have without words. Her mother began slapping her very early when she got her fingers into things. It is my belief that this causes a child to feel unloved. Arizona

Your tactics are far superior to those of the child's mother. The little girl is not intentionally destructive, and she is too young to understand why she cannot examine things that attract her attention. In the future, let the child examine things she is curious about under your supervision so she can satisfy her curiosity without being destructive. And do all you can to encourage the child's mother to follow your example. If she continues to slap the child, the child is likely to develop a resentful attitude which will show itself in rebellious, troublesome behavior.

GRANDMOTHER. My mother, who is in her early fifties and very young-looking, resents being reminded that she is a grandmother. She even insists that my daughter call her by her first name instead of "Grandmother." My daughter is now 16 and quite a young lady. I can feel the tension when the two get together as I am sure my daughter senses her grandmother's feelings about her. When a grandmother feels this way, how can there be a good relationship between grandmother and grandchild?

New York

There cannot be a good relationship between your mother and your daughter so long as this feeling of resentment exists between them. However, there is little you can do until your mother is willing to accept her role as grandmother. To avoid friction, your best policy is to keep the two apart as much as possible. It is a pity that your daughter should be deprived of the companionship of her grandmother.

BASHFULNESS. We have a 2 year old son who is very bashful. Every time we have company, he cries until either my husband or I hold him. We also have a 10 month old daughter and she is beginning to act that way, too. Because of this, it is very hard for me to have company and, as a result, we see almost no one.

Illinois

It is natural and perfectly normal for babies and very young children to be frightened in the presence of strangers. They show this fear by crying, turning their heads, and running to a familiar person for protection. If you or your husband will make a point of keeping the children close to you when company comes, the children will be less bashful. After they have had a chance to get a good look at the strangers, while secure in your protection, the bashfulness will disappear and they will want to go to the strangers. The more company you have, the more often you can take your children to neighborhood stores, parks or homes of friends where they will see plenty of strange faces, the more quickly they will adjust to strangers in the home. A child who is kept away from strangers invariably is more bashful than one who is accustomed to seeing strange faces constantly.

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Books on health

Doctor of the Happy Landings

By Julia Lake Kellersberger and Eugene Kellersberger. $2. American Leprosy Missions, Inc., 156 Fifth Ave., New York. 1949.

Simply but with effectiveness Dr. Kellersberger and his wife share with the reader their journey (by plane, motorcar and canoe) to the seldom visited and distant leprosy colonies around the world. For 24 years, Dr. Kellersberger was a medical missionary in the Belgian Congo and is now the general secretary of the American Leprosy Missions.

Written as letters to friends, the book has humor, deep compassion and a stirring message of faith.

RUTH G. MCAFEE

The Common Ground in Family Life Education

A Symposium on Points of Agreement and Emphases Among the Three Major Religious Faiths. Paper. 20 pp. American Social Hygiene Association, New York. 1950.

Spokesmen for the three chief religious groups in the United States reaffirm their faith in the home as the bulwark of American life and point up areas of agreement in education for home and family living. Each accepts the home as the fundamental school of personality and character development and all insist that the highest standards of family life must be our norm.

All faiths define education for home and family living in its broad, true sense as vastly more than sex education. Understanding cooperation and mutual appreciation must be taught, and these arise from mutual respect among all members of the family. The key may be found in reverence of the child for his parents, of husband for wife, of wife for husband and of parents for the child. All agree that building these roots and establishing such attitudes is not the task of any one group or agency; it will require the concerted effort of the home, the school and the church. It must be aimed not at children alone but at parents too, through professional counseling and adult education.

How the job is to be done is not so clear. The school has a role, but it must teach more than biologic sex; it must base all instruction on moral and spiritual values and use the broad approach. The home has the primary responsibility and nothing can replace the experience of growing up in a happy home where love and reverence for each other prevail. But there are many homes where guidance is needed and others that are broken or in discord. Here is where the church, the counselor and adult education have a vital place. There is some dispute on methods, some on how the task shall be shared, but none on the need for doing the job or of working it out together. Parents and teachers, youth leaders and social workers will find something to think about and much of value in these three talks.

FRED V. HEIN, PH.D.

United States Civil Defense Health Services and Special Weapons Defense

Federal Civil Defense Administration Publication Ag-11-1. 260 pp. 60 cents. U. S. Government Printing Office, Washington 25. 1950.

It should be of considerable comfort to people living or working in areas believed to be primary targets for atomic weapons to know that the Federal Civil Defense Administration has published a detailed plan

for the use of all health service personnel in case of an enemy attack. This manual not only defines the problems that may be encountered in case of attack with atomic or biologic weapons or nerve gasses, but also carefully details the number and kind of health personnel needed in the various parts of target areas, their responsibilities and the equipment available for their use. This manual should be read by every person concerned with the administration of civil defense programs, particularly those concerned with health services; they are defined for the purpose of this manual as those involved in medical, surgical, dental, nursing, sanitation, pharmaceutical, veterinary, laboratory, hospital, radiologic and other related services. The outlined plan leans heavily upon organized public health departments in local communities as well as hospitals, clinics and organized groups of professional people concerned in any way with health service. Since this booklet states that it "contains all pertinent information concerning individual protection," it should be helpful to volunteers who would assume responsibilities under the direction of professional health personnel in the many duties that would have to be carried out in case of an attack in a metropolitan area.

Though the book is designed in terms of an atomic attack, it does recognize the possibility of attack by high explosives and fire bombs. It states: "It is only prudent to develop a plan which will cope with the worst possible disaster—an attack with atomic weapons on our crowded metropolitan areas. If the Civil Defense Health Service is prepared to meet such an attack, it is prepared for anything of a lesser nature.

"But should the weight of an atomic attack ever fall on our city, the burden will fall not on a plan or an organization, but on the shoulders of individuals who make up the Civil Defense Organization. The health service, as described in these pages, is designed to save lives and relieve suffering. Those lives would be saved by individuals."

This fact alone should make this bulletin required reading for all who may have a role in the health services program of civil defense.

D. A. Dukelow, M.D.

Courtesy of the National Foundation for Christians and Jews, sponsor of Brotherhood Week, Feb. 17-24.

Your Weight and Your Life

By Alfred L. George, M.D. 272 pp. $2.95. W. W. Norton & Co. Inc., New York. 1951.

This is another contribution to the extensive literature on reducing, and it comes at a time when overweight and its influence on health and length of life is very much in the popular mind. This book is simple, factual, sensible, optimistic, scientifically sound, and psychologically motivating. The calorie tables are simple and practical. It should supply everything necessary for the earnest reducer except the correct food and the will power.

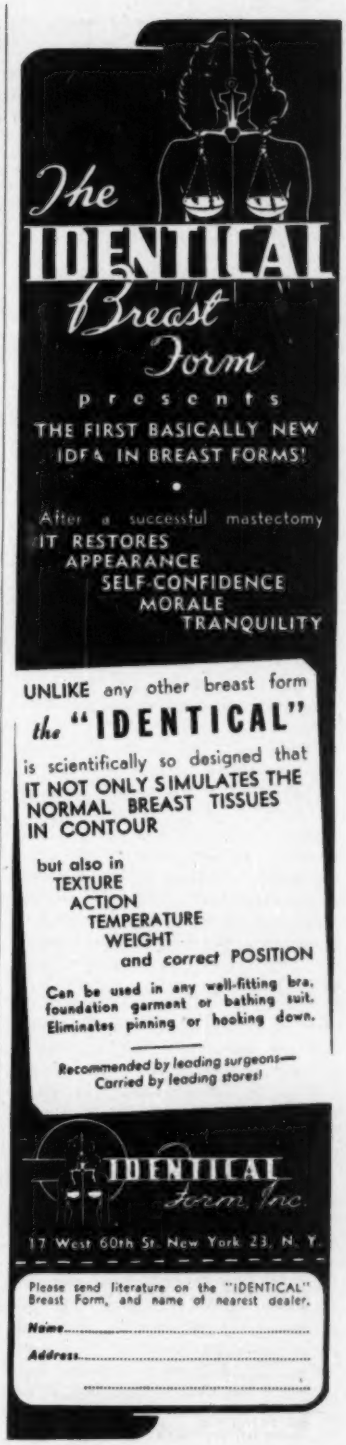
W. W. Bauer, M.D.

Learning to Look and Listen

By Eleanor C. Ronnei. 180 pp. $3.50. Bureau of Publications, Teachers College Columbia University, New York. 1951.

This is a series of interesting lessons in listening for young children learning to use hearing aids. Lessons move in easy progressive steps from gross sounds to simpler speech sounds and then to finer discriminations. Dramatic play and games, in which oral communication is stressed, are systematically utilized along with reading to give meaning to sound components. Sight, touch and muscle sensations are employed to supplement the auditory function. The method is the result of experience with many boys and girls learning to use hearing aids and should prove of practical help to teachers and parents of such children.

Fred V. Hein, Ph.D.



Protecting Babies' Eyes

(Continued from page 15)

to less than three per cent—a reduction of more than 90 per cent.

Years ago it was felt that perhaps the prophylactic drops need be used only when there was a suspicion of infection in a baby's mother. But the best obstetrician in the world cannot see the organisms with his naked eye, and even cultures often fail to reveal their presence. Consequently, it was finally agreed that the only sure way to prevent the disease was to make the use of prophylactic agents compulsory.

Today the District of Columbia and all the states have laws or regulations requiring the use of a prophylactic agent in the eyes of the newborn. In most instances the law either leaves the type of prophylactic agent to the discretion of the state health department or specifies "one per cent silver nitrate or equally effective agent."

Since Crede made his discovery, scores of investigators have tried out all sorts of preparations as substitutes for silver nitrate. But to date, none has measured up to the job.

The newest of these drugs to be investigated is penicillin, and it is now being urged as a replacement for silver nitrate.

Let's have a look at the two drugs to see how they compare.

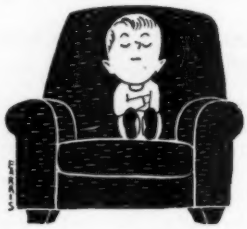
First of all, a prophylactic must be *safe*.

Silver nitrate in one or two per cent strength (one per cent is now the general practice) has been used in the eyes of millions of babies. There is no evidence that permanent eye damage can be caused by this solution. If left standing it may reach a concentration as high as 50 per cent, but this danger is met in two ways: (1) A fresh supply of silver nitrate is made up daily. To avoid mistakes, the rule in most hospitals is to have no other solution of silver nitrate in the delivery room. (2) Silver nitrate is supplied in paraffin-lined beeswax ampules that protect the drug from the evaporation that would make the solution stronger. These ampules are practical for use in small hospitals and for home deliveries, and are used by most public health departments.

A study made recently by the National Society for the Prevention of Blindness, based on reports from 57 professors of obstetrics in approved medical schools, shows that 49 schools were using the beeswax ampules. The professors reported 112,035 live births in the course of one year; there were 67 cases of ophthalmia neonatorum, with corneal damage in only two instances. Silver nitrate caused no damage to the 112,035 babies.

Regardless of the effectiveness of any prophylactic agent, failures are inevitable for two reasons: carelessness in making the application promptly and correctly, and infection due to unsanitary conditions after the drug has been applied.

Critics of silver nitrate say that it causes temporary irritation in the eyes of many babies, in contrast to apparent lack of irritation from penicillin or aureomycin. Crede himself reported on the irritation. However, there is no evidence that the reaction is permanently harmful. Some claim that silver nitrate can produce pus in babies' eyes. Others assert that whatever caustic action silver nitrate may produce is actually a benefit, since it produces shedding



of the surface epithelial cells, which carry with them any organisms.

Secondly, a prophylactic agent must be *effective*.

After nearly 70 years, silver nitrate has firmly established its effectiveness. Some experiments with penicillin and with aureomycin suggest that they are as effective as silver nitrate, but evidence is not conclusive.

And finally, a good prophylactic must be *easy to use*.

The practice of preparing silver nitrate in beeswax ampules (each ampule contains enough for one baby) makes this method as easy for the midwife or country doctor as for the physician in a large hospital. The ampules are impervious to air and are usable for a year or longer.

On the other hand, penicillin takes a more complex arrangement and possibly more than one application, placing greater responsibility on the doctor or nurse in attendance. In fact, if it should be established from additional experimentation that penicillin or some other antibiotic, such as aureomycin, is as good as or better than silver nitrate, a great deal more study would then be required to develop the best mode of administration, the strength of solution and many other important factors.

For practical reasons, silver nitrate is still the best method for use in the widely different conditions under which birth occurs. Especially is this true of home deliveries. And 20 per cent of all babies in the United States still are born at home.

Silver nitrate, then, still rates higher than the antibiotics on the following points:

SAFETY. Silver nitrate in one or two per cent solution is safe and harmless. The reactions to penicillin require further exploration before it would be safe to use in the three million births each year in the United States.

EFFECTIVENESS. The effectiveness of silver nitrate is thoroughly established. The value of penicillin and of aureomycin is apparently high but not yet established.

PRACTICABILITY. Silver nitrate in beeswax ampules can be used safely and effectively anywhere and any time. As yet there is no agreement at all on the best dosage and best method for using penicillin or aureomycin.

Two years ago, after a popular magazine article called unconditionally for a change from silver nitrate to penicillin, the New York Academy of Medicine made a study of the question and recommended "that no change be made in the Sanitary Code to require the use of penicillin for the prophylaxis of ophthalmia neonatorum until there is more experience with its use."

A few months later, the Council of the American Academy of Ophthalmology and Otolaryngology and the Section on Ophthalmology of the A.M.A. approved a joint committee report:

> In view of the incomplete state of our knowledge on the subject, the Committee . . . is in full agreement with the recommendations embraced in the report of the Sub-Committee of the New York Academy of Medicine, namely, that no changes be now recommended in the existing laws.
>
> It is the further opinion of the Committee that while it is possible, indeed even probable, that some form of antibiotic prophylaxis will eventually replace the present use of silver nitrate, that much further investigation of the matter is needed before any concrete recommendations can be made.

Many studies now in progress are aimed at clarifying this point, and many more are needed. Experimentation of this kind is the cutting edge that results in medical progress. But at present, the use of penicillin and aureomycin is best in medical centers where techniques can be carefully supervised and early experiments checked and verified.

All Children Can Benefit from *this* Protective Hot Drink at Breakfast

In its widely distributed leaflet No. 268, "Eat a Good Breakfast," the U.S. Dept. of Agriculture states: "Summer or winter, there's something hot, as a rule, in a good breakfast. . . . Something hot is cheering and tones up the whole digestive route."

The problem of encouraging children to eat an adequately protective breakfast involves little difficulty when delicious Ovaltine in hot milk is given as the breakfast beverage. Many children clamor for a hot drink at breakfast, and hot Ovaltine is the right kind of a hot drink to give them. Hot Ovaltine makes an important contribution to the nutrient content of breakfast.

A cup of hot Ovaltine at breakfast gives children a good nutritional start for the day. It supplies vitamins, minerals, complete protein, and food energy for making breakfast really count for good growth and vigor. Moreover, it tastes so good that it adds interest to the entire meal.

The figures in the table below showing the important amounts of nutritional essentials in one cup of Ovaltine tell why all children can benefit from this hot drink at breakfast.

THE WANDER COMPANY, 360 NORTH MICHIGAN AVE., CHICAGO 1, ILLINOIS

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Here are the nutrients that a cupful of hot Ovaltine, made of ½ oz. of Ovaltine and 8 fl. oz. of whole milk,* provides:

PROTEIN	10.5 Gm.	IRON	4 mg.	NIACIN	2.3 mg.
FAT	10.5 Gm.	COPPER	0.2 mg.	VITAMIN C	10 mg.
CARBOHYDRATE	22 Gm.	VITAMIN A	1000 I.U.	VITAMIN D	140 I.U.
CALCIUM	370 mg.	VITAMIN B_1	0.39 mg.	CALORIES	225
PHOSPHORUS	315 mg.	RIBOFLAVIN	0.7 mg.		

*Based on average reported values for milk.

use MERCUROCHROME for first aid

Do not neglect wounds, however small; even scratches and small cuts may become infected if they are not properly treated.

'Mercurochrome' (H. W. & D. brand of merbromin, dibromoxymercurifluorescein-sodium) is one of the best antiseptics for first aid use. It is accepted by the Council on Pharmacy and Chemistry of the American Medical Association for this purpose.

The 2% aqueous solution does not sting and can be applied safely to small wounds. Children do not hesitate to report their injuries promptly when 'Mercurochrome' is the household antiseptic, because they know that they will not be hurt. Other advantages are that solutions keep indefinitely and the color shows just where it has been applied.

Doctors have used 'Mercurochrome' for more than 28 years.

Keep a bottle of 'Mercurochrome' handy for the first aid care of all minor wounds. Do not fail to call a physician in more serious cases.

* Reg. U. S. Pat. Off.

HYNSON, WESTCOTT & DUNNING, INC.

BALTIMORE, MARYLAND